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ABSTRACT

In this document the Texas Department of Human Resources (DHR) presents criteria which day-care providers can use to evaluate their programs. The criteria can also be used by DHR staff to determine whether or not providers can deliver the services specified in their contracts with DHR. For each criterion, five achievement levels, clarification, supporting information, and a tabulation guide are provided. Using the tabulation guide, a score can be obtained for each criterion. The criteria are organized into categories which cover (1) staff qualifications and development, (2) care groups, (3) staff-child interaction, (4) food service, (5) environment, (6) activities for children, and (7) interaction among staff, parents, and the community. Appendices include criteria for infants, toddlers, and school-age children, as well as for day care homes. A glossary is also attached. (PCB)

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Child Day Care

Program Evaluation System

PS 016713

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This system contains criteria, clarification, supporting information and scoring guidelines. It is for use in provider self-evaluation and selection and monitoring of contracts for DHR purchased day care.

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The criteria for evaluating day-care programs cover program measures that benefit children and families. Many of the criteria to be measured are indicators of skill and do not represent additional cost to the programs. The criteria are based on research and professionally accepted practice.

Descriptions indicate a level of performance to be achieved in to each program evaluation criterion. These achievement level descriptors are organized so that 1 point indicates minimal achievement. Level 1 shows that while a facility performs some elements of the criterion, this performance can be enhanced. Progressively more positive performance is described at point levels 2, 3, and 4. The 5 point level generally indicates that the center is performing at the highest level which has been observed in Texas' day care facilities. In some instances higher levels have been observed, but the level exceeds reasonable expectations without special funds for designated purposes. For example, some centers provide medical examinations as a part of their health services. **The levels are accumulative which means that level 3 enhances level 1 and that level 5 enhances levels 1 and 3.**

The criteria can indicate a need for training and technical assistance. The child development program believes that providers are interested in serving children and families well. These criteria offer a guide to use in enhancing services for continually improving services.

The criteria assume that program requirements for building, grounds, health, safety, and nutrition are largely met when a facility complies with Texas' Minimum Standards for Day-care Centers. Although the criteria expand on some program elements mentioned in the licensing standards, they do not duplicate Texas licensing standards.

USAGE

It is recommended that day-care providers use these criteria to assess their own program.

CONTRACT USAGE

One copy (or more) is given to the provider to use as a reference in preparing to contract with DHR (competitive procurements, provider agreements, etc.) and for self-assessment. After the competitive procurement instruments have been scored or a provider agreement plan of operation prepared by a provider, child development staff may use this guide to determine whether the score is valid or whether the provider agreement can provide the service assurances given in the agreement.

DHR staff may use these criteria (1) to validate that the applicants for contracts can deliver the program assurances specified; (2) to determine whether the contractors maintain the assurances agreed upon during the purchase negotiations; and (3) to identify the contractors' specific needs for training and technical assistance.

Day-care Program Evaluation System

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Minimum Standard Compliance

The facility complies with the appropriate licensing standards.

Facility Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Types of state license or approval:

_____

Expiration date: _____

Ages: _____ Capacity: _____

Licensing Problems in Last Calendar Year

Has the license been placed on probation? _____. If yes, what date did the probation begin? _____. When did it (or will it) end? _____.

List non-compliances cited:

	Date Cited	Date Corrected
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clarification

In Texas, compliance with appropriate licensing standards is mandatory and considered to be a basic indicator of quality.

If the center has been cited by Licensing for non-compliance with applicable standards, correction of the situation which causes the non-compliance is the first step toward a quality program. Correction of non-compliance within the designated timeframe is usually a prerequisite to entering a new contract or agreement with DHR.

A. STAFF QUALIFICATIONS AND DEVELOPMENT

Criterion A.1: Caregiver Education and Experience.

Each facility has caregivers with appropriate education and experience to provide for children's physical, social-emotional and intellectual needs (see Appendix II for information on family day homes).

ACHIEVEMENT LEVELS

Points	Descriptions
1	Caregiver has six semester hours of child development or early childhood education **or** one full year or more of experience.
2	Caregiver has one or more full years of child-care experience which includes six semester hours of child development or early childhood, or participation in in-service training equivalent to six semester hours, **or** 12 hours of child development or early childhood education.
3	Caregiver has 12 semester hours child development and/or early childhood education (or equivalent) with one full year or more of experience **or** is a child development associate.
4	Caregiver is a child development associate with one or more years experience, or caregiver has a degree in childhood development, early childhood, or a closely related field.
5	Caregiver has a degree in childhood development or early childhood or a closely related degree **And** one or more years experience.

Clarification

See Definitions and Abbreviations in the Glossary, page 86.

Experience pertains to paid direct child-care experience.

Continuing education courses and other approved clock hour study may be substituted for semester hours, with 10 hours equaling one semester hour.

Degrees in related fields are considered according to the amount of hours of child development or early childhood they contain. School-age programs also count degrees and course work pertaining to children ages 5 through 8 years old (Grades K-3).

Supporting Information

Caregivers with education and training on the care of children deliver better child care resulting in superior developmental effects for the children in their care (Smith, 1979).

According to the National Day Care Study, caregivers with child-related education spent more time in social interaction with children. The children in their care were found to be more involved in tasks and activities than the children in the care of caregivers without this education (Ruopp et al, 1979). The children cared for by caregivers with child-related education also scored greater gains on the Preschool Inventory (PSI).

"Neither total years of day-care experience, nor total years of formal education, nor degrees or certificates unrelated to child care were sytematically associated with caregiver or child behavior or child test score gains" (Smith, 1979, p. 3).

The Golden Anniversary White House Conference on Children and Youth (1960) recommended that there be at least one person qualified in early childhood education used to supervise every group care center for children.

Tabulation Guide

Caregiver's Name	# Caregiver's Points	Caregiver's Name	Caregiver's Points
		TOTAL	

To calculate the score, count the number of caregivers both full-time and part-time (count with part-time staff as fractions). Divide the total quality points by the number of caregivers to arrive at the score.

_____	(total) (score) divided by	_____	(no. of) (caregivers) =	_____ (criterion) (score)

Criterion A.2: Supervisor Education and Experience

Supervisors with appropriate education and experience are provided for all caregiving staff to guide them in delivering care that is appropriate for the enrolled children.

ACHIEVEMENT LEVELS

Points	Descriptors
1	Meets qualifications described for caregiver level 2 or 3 (criteria A.1).
2	Meets qualifications described for caregiver level 4.
3	Meets qualifications described for caregiver level 5.
4	A master's degree in CD or ECE and one to two paid direct child-care years of experience.
5	A master's degree in CD or ECE and three or more years of paid direct child-care experience.

Clarification

See Definitions and Abbreviations in the Glossary, page 86.

Supporting Information

In an analysis of the characteristics of the 12 preschool programs with documented beneficial outcomes, Lazar et al (1977) found that they all used supervisors well-trained in child-care related fields. When supervisory staff are well-trained, they can contribute to caregiver training by being a model, guiding, directing, and teaching caregivers.

Staff need realistic goals and attention, recognition and acknowledgment by the supervisor. According to Cherry et al (1973), all child care staff need to be well supervised, not just those who are floundering. A clearly defined administrative structure which delineates areas of authority and responsibility are essential to high-quality day-care programs (Provence, 1977).

Tabulation Guide

If there is more than one supervisor, total the individual supervisors' scores and divide by the number of supervisors to determine the score.

	Supervisor	Supervisor's Scores
1.	_____	_____
2.	_____	_____
3.	_____	_____

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion A.3: Caregiver Orientation

In order to provide satisfactory care for children, all new direct caregiving staff receive a program specific orientation.

ACHIEVEMENT LEVELS

Points	Descriptors
1	Before beginning child-care duties, all staff receive orientation in: ° Personnel policies and specific job functions. ° Licensing standards and, if applicable, DHR Day-care Service Control Standards. ° Basic emergency health and safety procedures. ° Special health, nutritional, and developmental needs of assigned children. ° The requirement to report symptoms of child abuse and neglect. ° The planned daily activities of the facility. ° Guidance, discipline, and classroom management techniques.
2	In addition to level 1, staff receive four hours of orientation during the first week of employment about the program goals and topics in level 1 (in greater depth).
3	Staff receive five hours of orientation and training during the first two weeks of employment which include the above topics along with child growth and development.
4	Staff receive six hours of orientation and training during the first two weeks of employment. As appropriate to the caregiver's level of responsibility, orientation on the meaning of day care to the child and family and linkages with community services (resources and information) are added.
5	Staff receive eight hours of orientation and training (on topics specified above) during the first two weeks of employment.

Clarification

Hours of training refer to clock hours. At a minimum, these hours should include the study of printed material followed by a discussion or test to expand the new employee's comprehension.

The basic emergency health and safety procedures includes emergency telephone numbers, evacuation routes, emergency signals, location of first-aid supplies, and how to get someone to stay with the children if the caregiver has to leave the room.

Supporting Information

Even when professional teachers were used, programs which benefited children were found to include pre-service (orientation) and in-service training (Lazar et al, 1977). In finding good staff for a day-care facility, Ruopp et al (1973) suggests that decision-makers look for people who have had a variety of experiences. They can enrich the lives of children in the program. New staff need orientation and good in-service training which go hand in hand with career development (Ruopp et al, 1973).

Tabulation Guide

Training records should contain this information (personnel files).

	Name of Caregiver	Date of Employment	Caregiver Score	Comments
1.				
2.				
3.				
4.				
5.				
6.				
		TOTAL		

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion A.4: In-Service Training Opportunities

The facility encourages all staff to improve their knowledge of day-care operations and better ways to meet the needs of children.

ACHIEVEMENT LEVELS

Points	Descriptors
1	One specific staff member is responsible for notifying child-care staff of available training opportunities and resources that have the potential for improving their skill. This includes posting training and conference announcements in a facility location designated for notices to staff and documenting staff participation in the facility's files. Staff know who has been assigned this responsibility. Newly employed caregivers participate in six hours of training based on orientation topics and identified needs during the first six months of employment. Annually, staff participate in 15 hours of conferences, workshops, courses, and other training in addition to individual reading.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	The assigned staff member is responsible for writing a staff training plan. This responsibility includes maintaining contact with local training resources, keeping abreast of current training opportunities, and developing a master schedule which shows what, when, (dates and time), where, and from whom resources are available. The facility schedules in-house training at times convenient for staff participation or allows time off. A variety of job-related reading materials are provided for staff. These include such topics as child growth and development, discipline, learning activities, health safety, and first aid. Newly employed staff participate in 10 hours of training during the first six months of employment including that specified above. The average annual total for all caregivers exceeds 18 hours.
4	Includes all elements of (3) and some additional element(s) of (5).
5	The staff member responsible for training is knowledgeable about day care and child development and has had training experience **or** uses the services of some other staff knowledgeable in day care and child development to assess training quality and subject matter appropriateness. As an assigned job function, this staff member actively develops a training plan in coordination with each staff member and maintains documentation of each person's progress. This plan is long range and based on each staff member's needs assessment. Special efforts are made to locate training opportunities that fit individual's assessment-based plans and the individuals are kept up-to-date on these.

Newly employed staff participate in 12 or more hours of training during the first six months of employment.

A portion of the staff are working on career ladders and take advantage of college courses, CDA, and similar opportunities.

Clarification

The responsibility for developing and coordinating the training plan may be only one of several responsibilities assigned to the staff member. Training may be done by a center/agency trainer or an external resource person.

DHR child development staff can be used as a resource in developing a plan and identifying appropriate training resources. DHR guide materials may be requested and used for reading, naptime workshop, etc. A list of Child Development Program materials is available from a child development specialist or from Media Services, DHR-151-E, P. O. Box 2960, Austin, Texas 78769.

The emphasis in this criterion is on staff receiving specialized training based on their assessed needs. Some of this should occur as soon as possible after employment.

Materials developed by the Texas Early Childhood Careers Recognition Council and the Child Development Associate Credential are suggested for use in assessing the training needed by individual staff. These materials also represent an excellent base for self-paced training activities. DHR can assist the provider in securing these and other materials for self-paced training.

The scheduling of activities and materials used should reflect the caregivers' growth from training.

Supporting Information

Caregivers in day-care facilities need training. Relevant education and training are highly associated with children's developmental gains (Smith, 1979), but the average years of education for Texas' caregivers is only 12.7 years. (Coelen et al, 1979). In Texas' Title XX day-care centers, only 18 percent of caregivers had child-care related credentials (US-DHHS, 1981). The credentials recognized in this study included associate of art degrees in related fields and the competency-based Child Development Associate Credential.

Since many caregivers have limited education, they have not been exposed to child-related training before they become employed in a day-care center. If they are to receive relevant training, it must be provided after they have been employed.

The turnover rate in day care is high. A study found that 34 percent of the caregivers had been in Texas' Title XX day-care centers less than one year and 52 percent less than two years (Monroe, 1983). This turnover rate means that even those who have received orientation or in-service training may not remain in the centers very long. Thus, a continuing need for orientation and training of new staff is created.

The majority of Texas'caregivers salaries are at or very slightly above minimum wage (US-DHHS, 1981). The average day-care director earns about the same salary as secretaries in industry and public agencies (Monroe, 1983). This places many training opportunities beyond the financial means of individual day-care staff and places the burden of securing training upon the facility.

Tabulation Guide

This information should be obtained through interview with the director and person responsible for training, as well as reviewing training records.

Name of assigned person: _____

Educational background: _____

No. of staff: _____ No. of staff with assessments: _____

Assessed training need areas: _____

_____

Training areas in training plan: _____

_____

Training records (personnel file) should contain this information. Orientations hours are counted as part of these hours.

Compare checks under needs assessed, individual training plan (also career ladder) and the average number of training hours with the description of levels for this criteria to determine the score for each caregiver.

	Caregiver's Name	Date of Employment	Hours	Needs Assessed (Check)	Individual Plan (Check)	Score
1.						
2.						
3.						
4.						
5.						
6.						

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion A.5: Volunteer and Substitute Caregiver Orientation and Training.

Volunteers and substitutes who work with children receive orientation before they are assigned child-care tasks to enable them to provide appropriate experiences for children.

ACHIEVEMENT LEVELS

Points	Descriptors
1	All volunteers and substitutes receive orientation which defines the task to which they are assigned and facility policies that are related to that task. They are also informed about the special needs of children for whom they will be responsible.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	Volunteers receive two or more hours of orientation before being assigned an ongoing role in the center. This includes: ° general operation and scheduling in the facility, and ° emergency health and safety procedures. Volunteers are advised of day-care training opportunities.
4	Includes all elements of (3) and some additional elements of (5).
5	The volunteer program is developed so needs of the facility and needs of volunteers can both be met. Orientation is available to volunteers prior to final acceptance. Orientation is used to help volunteers understand the individual care group needs. Volunteers are informed about and encouraged to participate in additional training. Volunteers assuming caregiver responsibilities with children participate in training offered regular staff. (Unnecessary for child development or early childhood education professionals).

Clarification

A facility may be the recipient of services from volunteers who serve in different capacities. Volunteers who provide services other than direct caring for children should receive, at a minimum, a definition of the task to which they will be assigned and information about related facility policies and pertinent licensing standards.

An orientation may include reading materials.

Supporting Information

Although their tasks with children are not as general as those of staff, volunteers have similar needs for orientation, training, and supervision. See the Supporting Information for Criteria A.1, A.3, and A.4. Volunteers who know what is expected of them can be definite assets to a program.

Volunteers who feel competent in their work are likely to experience more satisfaction. This is a factor in retaining them.

Tabulation Guide

This criterion may be scored as NA if volunteers are not used to work with children.

Volunteer	Orientation Hours	Training Topics	Volunteer Score
1.			
2.			
3.			
4.			
5.			
6.			

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

B. CARE GROUPS

Criterion B.1: Group Size

The group size for centers and group day homes is small enough that every child has an adequate opportunity for individualized activities for growth and development. See Appendix II for information on family day homes.

ACHIEVEMENT LEVELS

Ages of Children	Points				
	1	2	3	4	5
	Size of Group Descriptors				
0-17 months	10°		9		8 or less
17-23 months	12	11	10°	9	8 or less
24-35 months	14	13	12°	11	°10 or less
3 years	16	15°	14	13	°12 or less
4 years	20	18	16°	14	°12 or less
5 years	24	21	18°	15	°12 or less
6 years and over	25	24	21°	18	15 or less

° Average group size nationally (Coelen et al, 1979)

Clarification

A group is the number of children assigned to a caregiver or team of caregivers occupying a classroom or well-defined space within a larger room. Except for 0-17 months, children may be multiage grouped. If children are multiage grouped, the age of the youngest child determines the applicable group size.

Supporting Information

Children do better in small groups. This may be due to the opportunity to interact frequently with the same caregiver and children and the related chance to form stronger attachments.

In the National Day Care Study (Smith, 1979), group size showed a strong and consistent relationship to measures of quality. It was only slightly associated with costs. Smaller groups were consistently correlated with better care, more socially active children and higher gains on developmental tests.

In a comparison of small groups (14-16 children) to large groups (24-28 children), children in the smaller groups (Ruopp, Travers, Glantz, and Coelen, 1979):

- showed less hostility,
- entered fewer conflicts,
- involved themselves more continuously in tasks and activities,
- cooperated more, and
- showed more verbal initiative and reflective or innovative behavior.

Children in day care need the opportunity to become attached to their substitute caregivers. This is an important factor in their achieving optimal growth. Attachment to caregivers is aided by small groups and continuous care by the same caregiver (Maier, 1982).

The average group sizes found by Coelen et al (1979) indicate that most day-care providers recognize that large groups of children are not very manageable. Maintaining small group sizes is a cost effective method of providing care to children. (Smith, 1979).

Tabulating Guide

Group	Children's Ages	Number in Group	Score
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion B.2: Staff/Child Ratios

The ratio of staff to children for centers is sufficient for an adult to provide nurturance to each child in the group. See Appendix II for information on family day homes.

ACHIEVEMENT LEVELS

Ages of Children	Points 1	2	3	4	5
0-17 months	-	-	1:5	-	1:4 or less
18-23 months	1:8	1:7	1:6	1:5	1:4 or less
24-35 months	1:9	1:8	1:7	1:6	1:5 or less
3 years	1:14	1:13	1:12	1:10	1:8 or less
4 years	1:16	1:16	1:12	1:10	1:9 or less
5 years	1:20	1:18	1:16	1:12	1:9 or less
6 years and over	1:24	1:22	1:20	1:18	1:15 or less

Clarification

The staff/child ratio is calculated for the core hours of the day. Core hours may exclude nap time and one hour after opening in the morning and before closing in the evening. If children are multiage grouped, the age of the youngest child determines the applicable staff/child ratio.

Supporting Information:

Caregivers in groups with fewer children per caregiver interacted more positively to the children in their groups than caregivers in groups with more children per caregiver (Ruopp et al, 1979). In this study, the variance in ratios of caregivers to children was only between 1:5 and 1:10 for 3 to 5 year olds while in actual practice ratios are often as low as 1:25.

Infants and toddlers are more dependent on caregivers than older children. Their movement, physical care, social and emotional relationships, intellectual stimulation, and communication must depend on others. To optimize the quality of care and stimulation provided infants and toddlers (as determined by developmental scores) a ratio of from 1:1 to 1:4 is necessary (Fowler, 1969; Willis and Ricciuti, 1975).

McCall (1977) observed that infants had three times as many caregivers acts performed for them in groups with 1:4 ratios as compared to groups with 2:16 ratios. Five caregiver acts performed more often were looking, playing with, rocking, strolling outdoors, and sitting with.

Tabulation Guide for Center - Staff/Child Ratio

Children's Ages	Number of Staff	Number of Children	Score
0- 1 year			
1 year			
2 years			
3 years			
4 years			
5 years			
6-10 years			

(total) (score) divided by (no. of) (caregivers) = (criterion) (score)

Criterion B.3: Resource Staff

Caregivers are supported in providing for the individual needs of children in their care groups through the provision of resource caregivers.

ACHIEVEMENT LEVELS

Points	Descriptors
1	One resource teacher for each two to three caregroups. Resource teacher has two years experience caring for children in group settings, **or** one resource teacher for four to five care groups. With the qualifications listed under quality points 3, 4, or 5 of this criterion.
2	One resource teacher for each two to three care groups. Resource teacher has 2 or more years experience and the equivalent of 12 semester hours of child-care-related coursework.
3	One resource teacher for two to three care groups. Resource teacher is a child development associate.
4	One resource teacher for each two to three caregroups. Resource teacher has a degree in Child Development, Early Childhood, or a closely related field (degree and K-3 certification for school-age programs) and one to two years of child-care experience or is a child development associate with three or more years of experience.
5	One resource teacher for each two to three care groups. Resource teacher has a degree in Child Development, Early Childhood, or a closely related field (degree and K-3 certification for school-age programs) and three or more years child-care experience.

Clarification

See Definitions and Abbreviations in the Glossary, page 85.

Resource caregivers (specialized teachers, not assigned to a care group) are used to provide enrichment, support regular caregivers at times which demand heavy caregiver involvement, temporarily relieve caregivers from responsibility for a care group, and perform other tasks that contribute to the effectiveness and efficiency of child care.

Using a well-trained and experienced caregiver in the resource position can raise the quality of teaching and therefore the quality of care in the two to three groups served. In some centers, the center director or the education specialist actively serve in this capacity.

Resource caregivers are more useful when they are scheduled so that the assigned caregivers have assistance with all major transitions, regularly scheduled breaks, assistance in maintaining materials and supplies or release time to do so, and scheduled times for someone (caregiver or resource teacher) to work with children needing special attention.

Use of the resource teacher concept can also add a position to the career ladder progression toward a director's position.

Supporting Information

Using a resource caregiver is a way to economically maintain small care groups without isolating their assigned caregivers. This arrangement can help avoid the use of large groups in order to provide two caregivers per group.

The findings of Ruopp et al (1979) indicate that group size should be kept small. Younger children need smaller groups than older children (see Criterion B.1). If a decision must be made between higher staff/child ratios and small groups, it is wiser to opt for small groups (Smith, 1979).

Tabulation Guide

	Name of Resource Staff	Individual Score	Comments
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

C. STAFF/CHILD INTERACTION

Criterion C.1: Children's Self-discipline

Caregivers promote children's independence, decision-making, and self-expression, and foster respect for self, property, and the rights of others.

ACHIEVEMENT LEVELS

Points	Descriptors
1	Clearly identified personal storage space is provided for each child. A variety of activities are available to the children. The caregiver encourages respect for property by showing the children how to properly use equipment and materials. Some materials are accessible for children's use at all times. Caregiver stops disputes between children. Caregiver fosters children's independence in routine activities such as picking up toys, wiping spills, personal grooming (toileting, washing hands), obtaining and caring for materials, and other self-help skills.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	Caregiver guides children in the proper care of the children's personal and the day-care center's possessions. Caregiver organizes indoor and outdoor activities with the materials and tools to support them so the children can be involved in making many decisions about what they do in day care. The environment is arranged to allow the children to move freely among the activities without interfering with other's activities. On a daily basis, a variety of multi-purpose materials on a daily basis are accessible to the children. Caregiver encourages children's creative use of the materials and equipment and offers children choices when guiding them. Caregiver protects each child's rights by restraining other children from interfering with the child or the child's activity. Reminds the children about sharing things as appropriate to the children's developmental level.
4	Includes all elements of (3) and some additional elements of (5).

5 Caregiver organizes the environment in an orderly manner and has it ready for the children when they arrive each day. A stimulating and interesting environment exists in which children feel comfortable in creative enterprise. The caregiver makes comments, asks questions, suggests alternatives to stimulate and guide thought and communication. Caregiver also gives brief, reasonable explanations regarding how, when, and why certain procedures are followed. For example, puzzles are more fun if they have all the pieces.

Caregiver consistently respects and properly cares for each child's possessions and for all day care property. The activities and environment are organized to permit freedom of expression and movement without infringing on others rights.

Clarification

At level one, the activities may include more caregiver-directed and group-oriented (all children expected to do the same thing) activities than subsequent levels.

Preschool and younger school-age children learn the concept of respect for property and the rights of others through experience with having their property and rights respected. For example, a caregiver might prevent one child from infringing on the rights of another by saying, "I believe Marie is using this pillow. Shall we ask her if she's nearly through?" or "John has not finished hauling with this truck. There is another truck on the shelf that you may use."

Caregiver expectations regarding sharing should be consistent with childrens' developmental levels. For example, a 3-year-old can deal with sharing when the caregiver holds two glasses of juice and says, "This is your juice, Amy. This is Tim's." A 7-year-old can share a magnifying glass when the caregiver says "Juan and Mary, please look at the clock. Juan, if you work with the magnifying glass until 4:30 and Mary works with it until 5:00, you will both have equal time with it." The DHR publications such as The Growing Years: From Birth Through 5 Years and The Growing Years: From 6 Through 15 Years, may be used as guides to the age appropriateness of activities.

Day-care children can learn to determine what they want to do, for what purpose, with whom, where, using what materials and tools; to implement usage of plans and materials; and to plan for future developments. These skills are improved in settings that allow them to learn and practice making choices, take responsibility for their own needs,and similar activities. However, offering these opportunities is not synonymous with no guidance, order, or direction.

Supporting Information

Caregivers who are observant and interact with children foster a trusting relationship (Bell and Ainsworth, 1972; Beckwith, 1976). Their respect of the children and their belongings teaches them to respect the rights of others. Children can also be guided in dealing with their feelings honestly and helped to find satisfying methods of handling problems and conflicts. Sharing, negotiating, understanding another's viewpoint, and doing good deeds are learned processes. Caregivers can help children learn appropriate processes by handling situations correctly when they arise.

Children exposed to an altruistic sharing model displayed significantly more altruism than subjects not exposed to the model (Hartup, 1976). Friendship was also a significant factor. Children who received frequent reinforcement from their peers were more likely to imitate the rewarding model (Hartup, 1976). According to Smith (1982), kindness is made possible by a belief in our own significance.

Children who had some cause to regard caregiving figures as dangerous were more likely than other children to assault and harass the caregivers according to George and Main (1979). With abused children a pattern was found in which the children failed to approach the caregivers when the caregivers made friendly overtures. This was assumed to have been caused by the disappointing consequences of the past. So long as children approached on their own this was seldom a factor.

There are a variety of actions that a caregiver can take that helps children interact with peers and adults. This guidance can bring the appropriate behavior from the children's repertoires into use (Harris, Wolf and Baer, 1975; Hendrick, 1975). These actions include:

- respecting the child's right to use something he had first until he finishes so he can share more easily.
- providing puppets, role play, and other dramatic play which helps develop empathy.
- suggesting activities which are helpful to others and recognizing the good deeds to show the child that it feels good to help.
- modeling cooperative behavior and suggesting possible compromises when struggles occur so that children can learn and value these traits.
- facilitating and reinforcing interaction and play among children so they can learn the pleasure of friendship.
- helping children understand the viewpoints of their peers through reference to their own experiences.

Tabulation Guide

	Care Group	Care Group Score	Comments
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
	TOTAL	_____	

_____ (total score) divided by _____ (no. of caregivers) = _____ (criterion score)

Criterion C.2: Communication

Caregivers guide children's learning and behavior by communicating in a language and manner which the children understand.

ACHIEVEMENT LEVELS

Points	Descriptors
1	Caregiver gives directions to the group and repeats them if any child requests assistance. Most children follow the caregiver's directions. Caregiver addresses each child and parent (in the care group) by name and makes an effort to pronounce names correctly. Caregiver learns critical words in the language of children who do not speak English. Uses any resource available to communicate verbally with these children and their parents. Caregiver is available and responsive to children, encourages them to share experiences and ideas, and listens to them with attention. The caregiver uses conversational level and friendly tone during most interactions with the children. Caregiver has an updated roster with the full names of all the children in the caregroup written on it available for frequent reference. The attendance or absence of each child is recorded daily.
2	Includes all the elements of (1) and some additional elements of (3) and (5).
3	Caregiver moves close to children and waits until the child is paying attention before beginning the content of what is to be said. Caregiver gives individualized assistance to any child who has difficulty following directions. This is given before the child is expected to act on the directions. Caregiver uses the name by which the family prefers that the child be called unless it has a negative connotation. Seeks help from others on names difficult to pronounce. Caregiver encourages children to freely approach the caregiver throughout the day when they want to share a thought or experience, ask a question, or need assistance, comfort, or encouragement. The caregiver treats the child as an equal regarding who initiates and ends these impromptu conversations. Uses the names of all children in the group to address them throughout the day. (Includes all ages from infancy through school-age.)
4	Includes all the elements of (3) and some additional elements of (5).

5 Each child is helped to learn and to use the names of adults and other children with whom they are in contact in the facility.

Caregiver speaks English and the first language of the majority of the children in their care group.

The caregiver uses a combination of words familiar to the children. New or different words are used in explicit contexts such as demonstrating width with hand motions while saying "wide." Directions are concise, properly sequenced and worded accurately.

Caregiver asks questions which encourage the children to reply with a sentence or phrase instead of "yes" or "no" or other single words.

Clarification:

Caregivers can help a child understand directions by:

- maintaining eye contact, if the child is comfortable with that;
- kneeling to speak at the the child's level and touching the child while speaking if this reassures the child;
- breaking directions into smaller tasks;
- checking sequentially to see if the child understands each part; and
- rewording with careful attention to using words that the child is likely to understand.

Good communication skills are essential to maintaining discipline within the care group. When too busy to respond fully, the child's question or comment should be acknowledged ("I will be with you in a few minutes, John)." Follow-up of delayed responses is essential.

Although the caregiver is responsible for having a roster of names accessible and using it (levels 3 and 5), it is usually someone else's responsibility to provide the caregiver with the roster of names. It is also advisable for the caregiver to know the children's ages and birthdates and these may also be on the roster.

The use of the name preferred by the family helps the child adapt to the facility and helps caregivers to communicate with the family about the child. However, if a nickname has derogatory connotations or fosters low self-esteem such as "runt," "baby sister," "pup," it is often best to avoid its use.

When caregivers are not bilingual (English and language of children), the facility can provide support and training to enable them to learn key words and phrases (for example, hunger, thirst, bathroom, come, danger). For example, a center director might arrange for a bilingual parent to teach staff key words and phrases. Learning the signs for critical words is also important when serving deaf children. In extreme situations where no one except the family uses the language, help may be available through the Center for Applied Linguistics, Arlington, Va., 1-800-336-3040 and through 1-800-424-0212 for Cambodian Refugees.

Children learn to talk freely with adults when they are treated with the same courtesy as an adult and are helped to use similar courtesy with other children and adults. If children are usually allowed to decide when a verbal exchange is complete, one can be reasonably sure that the adults respect the children's rights.

Supporting Information

Levenstein (1969) reported success in prompting cognitive growth through stimulating the verbal interaction between mothers and their children. Likewise, Wachs, Uzgiris and Hunt (1971) found that infant's opportunities to hear vocal labels for objects, actions and relationships were positively related to their scores on the Infant Psychological Scale. According to White and Watts (1973), mothers of well-developing infants:

- talked to children a great deal at a level the children could handle,
- explained and demonstrated things at the children's instigation, and
- organized the environment and provided enrichment materials appropriate to the children's age.

See cognitive development Criterion E.2 for information on planned activities.

Pennsylvania conducted a survey to identify a list of predictors of quality (part of their comprehensive evaluation system). The following observable predictors of caregiver competency were included (Fiene and Nixon, 1981):

- Speaks unsolicited to the child.
- Uses the child's dialect.
- Responds verbally to a child's speech.
- Speaks slowly and clearly to the child at all times.

Tabulation Guide

	Care Group	Care Group Score	Comments
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
	TOTAL	_____	

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion C.3: Support for Children, Their Feelings and Self-esteem

Caregivers are patient, warm, affectionate,respectful and supportive to children and contribute to each child's self-esteem.

ACHIEVEMENT LEVELS

Points	Descriptors
1	Caregiver helps children recognize and appreciate their own efforts and accomplishments including verbal acknowledgement of the effort and display of children's work (at eye level). Caregiver restrains children from destructive and aggressive behavior and sets limits. Helps these children become involved in an activity that is acceptable to them and the group. Caregiver is involved as children engage in activities. Encourages children to verbalize feelings and ideas. Respects the child's right not to participate at times.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	Caregiver is courteous to children and adults. Responds to questions and comments in direct and unhurried manner. Discusses reasons for doing things rather than giving orders. The tone of voice and body language are pleasant, and consistent with verbal response. Uses polite expressions (please, thank you, etc.) during interactions with the children. Caregiver acknowledges the child's feelings of anger, frustration, sadness, joy, and anticipation. Helps children talk about feelings they are experiencing. Helps the child become engaged in a suitable activity that will allow working through feelings and redirecting thoughts. Encourages children to participate in activities. Provides help when any child requests it. Eliminates some reasons for conflict between children by arranging equipment so children have adequate personal and activity work space. Maintains adequate materials. The caregiver's limits and expectations for the children are appropriate to the children's developmental levels.
4	Includes all elements of (3) and some additional elements of (5).
5	Caregiver individualizes plans to include several activities for each day through which each child can experience success and enjoyment. Encourages children to try new experiences. Provides encouragement, support and assistance to children. Communicates to children that they are valued in ways that are understood and enjoyed by them. Preserves treasured efforts.

Encourages and guides children in assisting other children.

Plans activities which help children learn about feelings.

Recognizes accomplishments in a variety of ways including emphasis on the importance of the idea, plan, and process.

Clarification

One of the best ways to insure that each child accomplishes something everyday is to provide a variety of activities and take special care to include ones that have been liked and successful for the children who have experienced the fewest accomplishments. It is often necessary to be supportive when children become discouraged by pointing out examples of their success within the activity.

The ways of communicating to children that they are valued vary according to the age of the child and the child's personality. For example, this may be communicated to an 8-year-old by making eye contact and smiling and to a baby by holding it or patting it.

Positive ways of responding usually involve looking the child in the eye. In addition, a caregiver could smile, nod, or make a statement such as "I'll be with you when I've finished cleaning Tom's scraped knee."

During each day, caregivers should recognize the efforts made by each child and praise the satisfactory elements of each effort. This includes displaying examples the child is pleased with, showing enthusiasm for each child's accomplishment by manner and comment, and pointing out each child's work to his parents. Caregivers should cause no embarrassing or difficult moments for the child by insisting on artificial behavior from a child and take care not to criticize the child's personal characteristics, family, or belongings.

Caregivers can accept and help children express their feelings in a positive, non-destructive manner. This usually involves identifying the feeling, letting the child know that everyone experiences that feeling at some time, and helping the child become occupied in a non-destructive activity.

The progression involved in handling problem behaviors moves from a caregiver who sees conflict as inevitable and a characteristic of children (level 1) to one who sees conflict as symptoms of problems caused by stresses placed on the child and for which some improvement is possible (level 5).

Some examples of how caregivers can expand a child's pleasure are:

- Commenting on activity such as "You turned the sand out of the can and got a perfect mold.
- Referring to the child's previous success and describing details of that pleasant experience.
- Planning with child for teacher's and child's sharing the accomplishment with parents and friend. (Display work, tell parents about what child did, etc.).
- Helping child think about what makes an experience special, such as sharing the experience with a day-care friend.

Efforts to be praised may occur at any time in activities and routines such as putting away wraps or getting ready to go home.

Polite expressions which may be addressed directly (level 1) to children include ones such as "Excuse me, Tom and Mary"; "Thank you, children"; "Mary, please do . . ."; and "I am sorry, Tom."

Many caregivers treat children with the courtesy that equal or superior to what adults expect from one another. They use polite expressions naturally with the support of body language and pleasant facial expression and patiently wait for a child to complete a question or comment. It is important to show approval of the child who relates to others in similar ways.

Insisting on a child saying such things as "I'm sorry" regardless of whether the child feels wrong or sorry, can cause the child to become hostile and resistive or hypocritical rather than courteous. It is not uncommon to hear children 4-years-old and older firmly contending that the harm they did intentionally was all right "Because I said, I'm sorry."

Other ways of showing children courtesy and giving them cues to courteous behavior include doing such things as bringing a child who has just entered a group up-to-date on the activity that others are already doing; moving over to make a comfortable place to sit; and telling a child an amusing incident that everyone was laughing about just before the child walked up.

Supporting Information

The relationship of trust that exists between a child and a caregiver sets the stage for all interactions between them and is built on children's feelings of being respected and of having consideration given to them (Read, 1955). The worst consequences in child care occur when the children are left to be attended by an ever-changing succession of caregivers (Bower, 1977).

The feedback that children receive becomes a part of a reciprocal system that may characterize the children's transactions with people and things over a long period of time. Bell and Ainsworth (1972) found that the consistency and promptness of maternal response was associated with a decline in the frequency and duration of infant crying. Mothers who ignored or delayed responding to the crying of infants when they were tiny had babies who cried more persistently as they matured. Competent caregivers understand and respond to children. They promote growth through day-care environments, activities, and interactions that allow and encourage independence and self-expression; help with and recognize accomplishments; and guide children in expressing and handling feelings. They also comfort hurt or distressed children promptly.

The overall cognitive development of young children relates to the responsiveness of the caregiver (Klaus and Kennell, 1976). Maternal responsiveness to infant signals was significantly related to performance on Griffiths Scales and Bayley Mental Scales as well as development of object permanence according to Yarrow, Rubenstein, Pederson and Jankowski (1973). Appropriate responses to children's signals increase children's concepts of their own effectiveness thus leading to increased exploration and mastery of the environment (Beckwith, 1976). This leads to subsequent development of cognitive competencies for the children.

Stern (1977) characterized effective caregivers as those who were lovingly involved with their children. This included high levels of visual, vocal, and play involvement. The use of a caring tone of voice and the establishing of eye contact were also identified with effective mothers (Stone, Smith and Murphy, 1973).

Capable caregivers are guided by children's interests and behaviors (Dittman, 1970). Children's smiles, talking and reaching out to people, and attending to objects tends to be self-reinforcing and self-perpetuating if the caregiver has the energy, sensitivity, and leisure to respond (Stone, Smith and Murphy, 1973).

Tabulation Guide

	Care Group	Care Group Score	Comments
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
	TOTAL	_____	

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion C.4: Transitions

Caregivers smoothly guide children from activity to activity to maximize children's involvement in worthwhile pursuits.

ACHIEVEMENT LEVELS

Points Descriptors

1 Activity areas are identified.

There is uniformity in the daily schedule. The daily schedule is planned to avoid children waiting and children are not left waiting for long periods of time without a choice of activities.

2 Includes all elements of (1) and some additional element(s) of (3) and (5).

3 Caregiver organizes the room so that traffic is directed around most of the activity areas rather than through them.

Children receive assistance in moving from one activity to another.

Special transitional activities are used for the periods before lunch and before and after nap.

4 Includes all elements of (3) and some additional element(s) of (5).

5 Children are guided through transition periods until they are ready developmentally and experientially to proceed independently.

Children who refuse or are undecided about participation in caregiver-directed activities have other choices available to them in the room.

Transitional activities are pleasant and frequently are learning experiences.

Clarification

A transition activity is one that takes place during the routine change or movement (transition) from one type of activity or segment of the day to another. Transitions occur between indoor and outdoor freeplay, between freeplay and story-time, lunch, and naptime. Desirable transition activities are those which enrich this process of offering interesting, beneficial things to do (fingerplays, games, songs, etc.) that prevent idleness the "hurry-up and wait" process. Transition activities can be pleasant and provide learning experiences such as when caregivers concurrently provides a new activity for the first children finished in the bathroom and encourages the others to lather their hands well as they wash hands.

Children who are undecided about participation in activities should be guided individually by methods such as the teacher describing possible choices. (Resting or watching are possible choices for some children.) Everyone should be familiar with the daily routines and the transitional process and children told before changes occur to allow them to move at different rates of speed to the next segment of the day.

Supporting Information

Children's self-esteem is rooted in their own ability to handle situations competently (White, 1975). Children need to learn to make choices with responsibility. This involves the assumption of responsibility as a gradual and continual learning process (Veach, 1977). Caregivers should structure the environment so that children can direct their own behavior and learn to live with the consequences of their actions (Osborne and Osborne, 1981).

In congested play areas, children are likely to shift their attention frequently (Kritchevsky et al, 1969). Crowded conditions also seem to create physical and psychological restraints on children. This results in fewer social behaviors (Loo, 1972). Reducing the amount or variety of equipment leads to higher amounts of conflict and stress (Johnson, 1935; Smith, 1974). Enough space and variety of choices helps children develop autonomy. The amount of complexity influences their attention span (Kritchevsky et al, 1969, Loo, 1972; Murphy, 1972; Quilitch and Risley, 1973; Garvey, 1978; Jones and Prescott, 1978; Jensen and Scott, 1980; Hendrickson et al, 1981).

Tabulation Guide

An observer, rating this criterion would observe such routines as change from indoor to outdoor play, lunch to naptime, room arrangement, and the amount of teacher direction necessary. It will also be helpful to look at activity plans and daily schedules.

	Care Group	Care Group Score	Comments
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
	TOTAL	_____	

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion C.5: Health and Safety

Children are not exposed to health and safety hazards or allowed to create them.

ACHIEVEMENT LEVELS

Points Descriptors

1 Upon arrival, each child is checked for evidence of illness or possible abuse or neglect. Evidence of abuse and neglect are reported as required by Texas Family Code, Section 34.01.

Caregivers are physically able to meet the needs of children for whom they are responsible.

Caregiver stops the children when they are engaged in unsafe activities. Caregiver suggests and demonstrates ways for children to help maintain a safe environment.

The caregiver washes own hands before feeding children and after diapering infants and helping older children with their toileting needs. Caregivers insist that children wash hands after toileting and before eating.

Emergency telephone numbers are posted. Telephone numbers of parents are accessible.

A comfortable quiet place away from the group is provided for sick children until parents can pick them up.

2 Includes all elements of (1) and some additional element(s) of (3) and (5).

3 The caregiver provides safe and orderly environment by checking daily for cleanliness and removing hazards such as broken equipment.

During normal daily interaction with children, caregivers are watchful for observable signs of illness. Examination of children are performed in a manner that is sensitive, comfortable, and reassuring to the child.

4 Includes all elements of (3) and some additional element(s) of (5).

5 Before parents leave children are checked for evidence of illness or possible abuse and neglect, and sick children are returned to their parents.

Models and suggests correct uses of equipment and its storage. Stores extra equipment separately from the play and work areas when not in use. Children are encouraged to help maintain safe and orderly environment by returning equipment to shelves or other places of storage and keeping passage ways uncluttered.

Caregiver teaches functional safety practices for activities that involve some risk and guides children in meeting their own health needs.

Caregiver develops and maintains specific procedures to prevent the spread of disease among the children. This includes colds and minor ailments that do not prevent group participation.

Clarification

People who work directly with children need to be physically able to:

- bend or stoop,
- be on their feet for long periods,
- stretch and reach above head,
- tie shoe laces and buckle small buckles,
- pick up small items,
- lift a 30 to 40 pound child, and
- work in noisy surroundings.

Although an individual might not be disqualified for one or more of these limitations, the supervisory staff would be required to provide for someone else who is constantly available to do the task.

Functional safety practices are best learned by children in the context where they are used. Caregivers help children learn functional practices through such activities as teaching them to hold on with both hands when they swing, identify and walk around ant beds, or stay away from the stray dog until it is removed from the playground. Guiding children to meet their own health needs includes assisting them to the extent needed to do such things as wash their hands before meals, blow their noses, brush their teeth after meals, and prepare and taste a variety of nutritious foods.

Staff who examine children must deal sensitively with problems they identify and recognize that the problems can be emotionally stressful or cause embarrassment to children. Extensive examinations of a child should occur in a place where there is privacy. To protect themselves from groundless claims, providers may want to check the children before they leave the day-care facility for scratches and bruises. These checks should be performed as sensitively as the arrival examinations.

Supporting Information

Each child should be given a health check as soon as the child arrives at the day-care facility each day. Signs of health problems that should be questioned include (Cherry et al, 1973):

- watery, inflamed eyes or crusty eyes or eyelids;
- deep cough;
- inflamed nostrils;
- heavy nasal discharge;
- unusual irritability;
- rash, sores, flushed appearance, clamminess; and
- pallor or other unusual conditions of the skin.

During the last half of 1979 and first half of 1980, it was estimated that 1.1 million children in the United States were reported to child protective services. Of these, 470,000 were substantiated as victims of abuse or neglect and 212,400 met the strict definitional requirements to be included in the incidence ratio of 3.4 children per 1,000 (child population) accepted for treatment by child-protective agencies. Children under 6 years old comprise 74 percent of the abused and neglected children ("Beneath the tip . . . ", 1981).

It is particularly important that caregivers wash their hands before meals and after changing diapering and food service areas very well separated. It not only prevents the spread of infections and disease among the children, but also protects the caregiver. Viral hepatitis which may be mild in young children but serious for caregivers is spread through oral-fecal contact. (Silva, 1980.)

A variety of health-and-safety-related reading materials are available. These include the DHR Child Health and Safety Series, the Fall 1983 issue of the Texas Child Care Quarterly and When You Care for Handicapped Children published by DHR. The minimum standards for licensing (TDHR, 1980) lists items that can be hazardous in centers. There are also lists of hazardous items in other publications such as A Handbook for Public Playground Safety by the U.S. Consumer Product Safety Commission (1981). Nursery School and Day Care Center Management Guide by Cherry et al (1973) and several other guides and texts on child-care list hazards to avoid and health practices that should be followed such as washing hands before meals.

The U.S. Department of Health, Education and Welfare (1976) also recommends that field trips, games, and snacks can be included in daily activities to promote better health and nutrition.

Tabulation Guide

	Care Group	Care Group Score	Comments
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
	TOTAL	_____	

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

D. FOOD SERVICE

Criterion D.1: Food Service

Meals and snacktimes are pleasant experiences that contribute to children's acceptance of a variety of food, conversational skills, proficiency in feeding themselves, and general dining etiquette.

ACHIEVEMENT LEVELS

Points	Descriptors
1	Children's meals are served in small groupings. Initial servings are small with seconds available. Food and drink are offered at the same time. Caregivers sit at tables with the children and conversations are allowed. Children are given the opportunity to feed themselves according to their development level. They are not hurried to finish eating. Caregivers do not allow children to share food, eating, or drinking utensils. Food preparation areas are well-separated from diapering areas. Menus are planned, posted, and shared with parents. The food service complies with minimum standards for day-care licensing. Finger foods are included for preschool children. The food is sufficiently appetizing that most children accept and eat some of each food served. Meals and snacks are served at reasonable times, including the serving of an evening meal between 5:30 and 7:30 p.m. for children in evening or night care.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	Caregivers eat with the children and model general dining etiquette. They converse with the children during meals. Conversations are pleasant. Serving containers are small enough for children to handle. Appropriate eating utensils are used for all children including handicapped children. Children 3 years and over serve themselves. Caregivers serve themselves varieties of foods that are identical to those served the children. Menus are planned or reviewed by a qualified nutritionist and the only substitutions are equivalent foods.

No child is hurried so that the group can leave the table, or forced to remain at the table until the group finishes if tired and sleepy.

4 Includes all the elements of (3) and some additional element(s) of (5).

5 Each mealtime grouping includes an adult. They discuss happenings of the day, future plans, and interesting information about food with the children. They also cue children so they can tell about happenings which are important to them. Adults give attention to children learning about new foods, preventing waste of foods, and general dining etiquette.

Food preparation methods such as steaming and oven frying are used to maintain high levels of nutrients and avoid adding unnecessary quantities of fat, sugar, or salt. A variety of foods, including seasonal ones, for prepared meals and snacks and served in an appetizing manner. Attention is given to the combinations of color, texture, and flavors. Food is served in appropriate dishes (juicy food in bowls or cups) and care is taken that foods do not run together.

A logical plan is followed for involving the children in the meal service activities such as clearing away their dishes and food at the end of their meal.

Individual children's needs are respected, particularly the child who eats slowly and chews thoroughly or the child who is quickly satisfied or sleepy and is really ready to leave the table.

Clarification

Each child should have the opportunity to talk with both adults and children at the table. The caregiver should encourage conversation and help children feel comfortable with this practice.

Although caregivers should try to eat a wide variety of the food served to children, it is permissible to take only bite size servings of disliked foods or only to eat some foods occasionally. One appropriate reply to children's questions about a caregiver eating very little of a food is "I am just trying to learn to like _____." Foods not available to the children should not be eaten when children are present.

The caregiver should sit at the table and eat with children who are at least 3 years old and able to feed themselves. When infants, toddlers, and older children (mixed age group) are served in a group day home, the day mother should sit with the children and feed the older infants and toddlers at the same time other children are fed. Young infants in care should be fed as per their schedule.

In **family style** meals, prepared meals are placed in serving dishes and these are placed on the table. The children are assisted in serving themselves. Eight to 10 children 3 years old and older with their caregiver comprise workable "family" groupings. When the staff/child ratios make groups of eight to 10 impossible, the caregivers may put tables together or arrange individual

tables to that they can interact with all the children. Caregivers may need to change where they sit from day to day so that all children benefit from their closeness. Parents, center directors, cooks and other facility staff may be invited to share meals with the children and provide adult companionship and interaction for the children at all tables.

The grouping for children younger than 3 years old who can feed themselves should be in accordance with the established staff/child ratio. Caregivers should provide assistance to children in serving and feeding themselves. Caregivers are not expected to eat with children in this age group when more than one child requires assistance.

A supply of water is accessible at all times and children are reminded and encouraged to drink water throughout the day.

Consultation with a nutritionist on menus, food purchase, preparation, storage, and teaching children nutrition can improve a facility's ability to enhance children's nutritional status.

One method of using available nutrition consultation effectively is through the concept of cycle menus. Actually consultation could be used to develop a cycle of menus for all the facilities in an area and these adapted to individual facilities. It is recommended that menus be developed for at least a three-month cycle. By substitution of plentiful foods by season, these can soon grow into an annual cycle. Once a cycle of menus is well established, consultation can focus on other aspects of the nutrition program including appropriate nutrition activities that can be used in day care.

The title nutritionist covers persons with a wide range of education and experience in foods and nutrition including registered dietitions and persons with college degrees (bachelors and higher) in nutrition. One authority used for defining the minimum qualifications is the Texas Merit System Council, and the following are the qualifications for a Nutritionist I (the lowest level used by state agencies).

> Bachelor's degree from an accredited college or university with a minimum of 12 semester hours in foods and nutrition and a minimum of 24 semester hours from the following areas: child development and family relations; management of home and family resources; and consumer education, housing and equipment, or the behavioral sciences.
>
> OR
>
> Bachelor's degree from an accredited college or university with a minimum of 18 semester hours in food and nutrition and a minimum of 12 semester hours from the following areas: child development and family relations, management of home and family resources; and consumer education, housing and equipment, or the behavioral sciences.

Supporting Information

Research on malnutrition has shown that chemical changes in the body caused by malnutrition during the first years of life can continue into adulthood (U.S.-D.H.E.W., 1978).

Twenty of 30 percent of all children under 6 years old have low levels of iron intake. Anemia is even more prevalent among low-income children. National surveys of nutritional status of children indicate that 30 percent of the low-income children under 6 years old also consume less than the recommended daily intake of calories (U.S.-H.E.W., 1978).

Studies of children's programs with meal service planned by qualified nutritionists have found that the incidence of anemia is not as prevalent for the children they serve as for the communities where they were located (Mann et al, 1976). Many children in these programs were found to have hemoglobin levels in the high range.

Attitudes toward food and food preferences emerge in early childhood and these habits often continue as the children grow older (Crusta and Scianna, 1975). These early attitudes and preferences have a greater influence on nutrition than income (except in extreme poverty), education, the variety of food available or training on nutrition (USDA, 1975).

An examination of the serious failings in children's diets today finds that the faults which have been recognized for over 25 years are still the main problems (USDA, 1975; Martin, 1954). Poor attitudes and preferences for food with few nutrients have offset many of the gains in our understanding of nutrition. Actually, there were fewer good diets and more poor diets in 1975 than in 1955 (USDA, 1975).

Children learn to eat the variety of food served and eaten by their family and others with whom they eat regularly. Exposure to a wide variety of food is essential to their forming good food habits (Gifft, Washbon and Harrison, 1972).

Family style meals give caregivers a chance to help children learn good attitudes and preferences. They provide an opportunity for caregivers to convey that (Monroe, 1980)

- food is good
- new foods should be tried because they may taste good
- eating a variety of foods can be an adventure
- food affects the way a person looks, feels, works, and plays

Children in care groups where caregivers interact positively with them have more appropriate behavior repertoires (Harris et al, 1975; Hendrick, 1975). In early childhood programs, the food service should not be viewed as just feeding children appropriate food. It must be an integral part of the educational program if it is to make a long-term contribution to the children's nutritional status (Gifft el al, 1972).

Two DHR publications, Day Care Nutrition in a Nutshell and Economy in the Kitchen (single copies free), provide guidance on feeding day-care children. Economy in the Kitchen gives food preparation tips and guidance on how much of various foods is needed to serve children at different ages. The Child Health and Safety Series provides guidance on food service for children, as well as health and safety. Also refer to the article by Barbara Keir entitled "Preventing and Treating Obesity in Infancy and Childhood" in the spring 1983 issue of the Texas Child Care Quarterly.

Tabulation Guide

	Care Group	Care Group Score	Comments
1.			
2.			
3.			
4.			
5.			
6.			
	TOTAL		

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

E. ENVIRONMENT

Criterion E.1: Indoor Environment

Indoor equipment and materials are available and arranged to offer children an environment which they can act upon to meet their developmental needs. (See Appendix I for Interest area and Interest center descriptions for children under 2 years old or over 6 years old. See Appendix II for family day homes).

ACHIEVEMENT LEVELS

Points	Descriptors
1	The following interest areas are accessible to children: blocks, dramatic play, music, manipulative stories and language, large muscle activities, art, and nature and science materials and equipment are available to each group of children. Equipment and materials are complete, in good repair and clean. All of the interest areas and the materials in them are accessible to all groups of children for one hour or longer during each day. A minimum of 30 square feet of playroom space is allowed for each child in the care group. This includes 100 square feet of open space free of any type of furniture for groups of infants 0 through 11 months.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	Equipment and materials are arranged in interest centers in which some items or accessories are changed each week. Block Area - 20 blocks (at least 1/2 of which are wooden floor blocks) per child using the area. Includes a variety of at least four different sizes and four different shapes (eight differences) and enough uniformity that children can build structures of up to 15 blocks each. Accessories include toy vehicles (boats, cars, etc.) and figures of people and animals. There should be 10 or more accessory items. Dramatic Play - A furnished homemaking area with accessories and dress up clothes (two dolls with clothes, child-size stove, dishes, table, telephone, mirror, etc.). At least two puppets. Stories and Language - One book per child suitable for the children's developmental level including the books that are rotated. At least one flannel board and assortment of flannel board figures per group. Music and Listening - A record player and records of music for children and enough musical instruments for one per child. These can be rotated with other groups.

Manipulative - Two or more kinds, such as puzzles and form boards, of manipulative activities are available to each care group during free play. The overall supply of manipulative items contains two items toys or number one child-size set of materials per child in the care, group.

Art - One or more art activities during free play. Plans show a variety of activities are provided during the week and supplies are available to support these activities.

Science and Math - Sufficient materials for three children to do activities at the same time. Materials include objects to count, sort, or compare (shells, rocks, blocks, etc.) magnifying glasses, growing plants, seeds, sprouts, leaves, magnets, cages, containers, pulleys, and food preparation equipment. The interest area is changed each week to focus on a different activity. Materials (except pets and plants) may be rotated.

Large Muscle - Room contains or is easily rearranged to allow for participation in such large muscle activities as dancing, marching, tumbling or climbing, and props (mats, climbers, scarves, etc.) are available for at least three different types of large muscle activities.

4 Includes all elements in (3) and some additional element(s) of (5).

5 Equipment and materials are arranged in expanded interest/learning centers.

Block Area - 30 blocks per child using the area, animal and people figures, cars, truck and other accessories. The variety of blocks includes at least 15 differences.

Dramatic Play - A furnished homemaking center with accessories and dress-up clothes. Stores, post offices, and puppets, are added or rotated with the homemaking numerous times each year. A variety of puppets and a puppet stage is available (may be rotated).

Stories and Language - Stories by the children are written and added each year. A variety of story-telling/language activity materials are available including flannel board stories, flip-charts, magnetic boards, etc .

Music and Listening - Each care group has a record player. The record assortment includes story records. The supply of instruments is large enough for children to have choices (one extra instrument for each four children in the care group). These can be rotated with other groups.

Manipulative - Enough manipulative activities in a variety of types are accessible to the children so that 25 percent of the children in the care group can participate at one time during free play. There is a sufficient supply to vary at least one activity each day.

Art - Two types of activities and enough activities so that one-third of the care group can participate at one time during free play. Plans reflect this as well as the variety of activities. Sufficient supplies are available in the facility for proceeding with the activities.

Science and Math - Each day materials are set up for a different activity which involves the children in processes that allow them to observe and experiment. This includes providing for water play and food preparation activities numerous times during the year.

Large Muscle - A permanent indoor area for large muscle activities. Props are available for six or more large muscle activities of three or more different types.

Clarification

In this criteria, it is assumed that all children three-years-old and older, will have access to these interest areas during each day during free play. See the appendix for items appropriate for infants. If children under three-years-old have interest areas appropriate to their ages, the center should be given credit for having these, too.

Block Area - Blocks in this area should be appropriate for floor use. Wooden unit blocks are the most desirable type because of their potential to **create stable and interesting structures, promote the development of mathematical concepts (units, fractions, shapes, etc.) and provide for social interaction.** Other appropriate types of blocks include wooden or plastic hollow blocks, cardboard blocks, home made blocks from milk cartons or boxes, foam blocks and miscellaneous wooden blocks 3" x 3" and over.

Dramatic Play - Large cardboard boxes and other homemade items can be used for homemaking center appliances, puppet stages, etc. must be discarded and replaced when they begin to lose their shape. Child-size beds are desirable and dolls should have clothes and beds with bed clothes. Mirrors should be made of unbreakable materials or securely mounted.

Examples of other dramatic play items for preschool children are puppets, tents, clean food containers or packages, and props found in the community.

Music and Listening - Tapes and tape recorders are an appropriate substitute for records and record players. Records or tapes should represent the interest and developmental level of each age group in the center. Examples of instruments are drums, bells, and maracas.

Manipulative - Recommended items include counting cubes and other small blocks (unit-type blocks based on a 2" x 4" x 1" size); peg boards; puzzles and puzzle-like materials; lego and similar materials; sequence and lotto type games; and tinker toys, Lincoln logs and other construction toys suitable for table or floor use.

Art - Art supplies include tempera paints (used for a variety of activities), crayons, scissors, paste, clay, collected materials, and paper. Provision should be made to display the children's original art work, some of which must be placed at the children's eye level. Wall pictures should represent the children's interests. Dittos, printed pictures, and precut materials are not recommended.

Stories and Language - Libraries can offer guidance on appropriate books by age of children. Many publishers also indicate a range of ages that each book is suitable for. Flannel boards, flannel board figures and stories, and flip chart stories may be homemade. If homemade materials are printed, use standard manuscript style (style manuals are available at teacher supply stores).

Large Muscle - Large muscle activities for a group of 15 to 18 preschool children normally require an unencumbered space with a diameter of 15 feet or more. Larger groups require more space. A gymnasium is excellent. Props that function well in some indoor areas are climbers, mats, foam blocks, scarves and music for dancing, riding toys (even tricycles and wagons), balls and floor games. Also see Active Play in Clarifications under Criterion E.2.

Science and Math - Science areas should be a vital area with new things to explore added frequently and things removed as the children lose interest. Good materials to use in addition to traditional ones are ones that children can manipulate to bring about or observe change (color mixing, cooking, melting, crystals, etc.) and motion (rolling, sliding, pulling, blowing, swinging, sinking, etc. using water, leaves, inclines, pulleys, and similar devices). Large or expensive equipment may be rotated among groups. Examples of science equipment are large magnifying glasses, growing plants or sprouting seeds, aquariums, animal cages, magnets, pulleys, water in large containers and food preparation equipment.

Math materials for preschool children are primarily objects that can be sorted by differences and similarities, placed in sets, compared, numbered and counted. Common items are rocks, buttons, beads, shells, chips and blocks with trays, egg cartons, etc., to divide them into.

Supportive Information

Developmentally correct materials and equipment stimulate children to play, learn, seek useful experiences and "learn to learn", including problem solving (Cherry, 1976; Jones and Prescott, 1978; Sotamaa, 1980). Providing things to manipulate increases children's questions and children ask more questions when their questions are answered (Bradbard and Endsley, 1980). Programs that provide sequenced activities result in greater increases in children's curiosity. Children explore more and test more alternatives when given novel objects with support from approving attentive and sensitive adults (Maw, 1970; Torrance, 1970; Bradbard and Endsley, 1980). Children's development is fostered by environments in which (1) children can engage in progressively more complex activities with caregivers guidance and in which (2) children have opportunities and resources to practice and elaborate on activities independently (Bronfenbrenner, 1979).

Blocks - Blocks are particularly flexible items. Because of their simplicity they can take on whatever characteristics a child's imagination wants to give them. They are also appropriate for a wide variety of ages beginning with soft blocks for six-month-olds and continuing with unit blocks for ages two and one-half or three years through school age. Blocks not only help children develop coordination and a sense of size, shape and number relationships, they also encourage dramatic play and language. (Cartwright, 1974).

Dramatic Play - Dramatic play allows children to take on the roles of others. From this role taking they test their perception of another's role which involves the practice of language skills and facilitates social communications. (Piaget, 1962; Flavell, 1967). Imitation is one way in which children accommodate what they have learned, integrate new information with information they already have (Piaget, 1962).

Stories and Language - Language experiences are integral to children's development (Cazden, 1970; Brown and Bellugi - Klima, 1971; Cawley, 1978). The literature on language experience stories will be helpful to caregivers adding stories written by children. These are vehicles which demonstrate the conventions of left-to-right and top-to-bottom orientation of written English, space establishing the boundaries of a word, etc. Also see "Language and Reading" in the supporting Information under Criterion F.2.

Music and Listening - Music is pleasant and, depending on the loudness and tempo, it can be either soothing or stimulating to the children. In addition, other learning can be aided by music including auditory perception, language development, social interaction, creativity, sequencing and following directions (Palmer, 1984). Sharing music with young children involves enthusiam. Songs should have understandable words, a distinct rhythm, recognizable melody, emphasize enjoyment, and have a range of about five notes (Jalongo and Collins, 1985).

Manipulative - Manipulative activities involve the integration and coordination of small muscles, especially those of the eyes and hands which are very necessary to perceptual - motor development (Frost and Klein, 1979). For many years, manipulative activities have been recognized as preparation for more refined learning activities such as reading, writing and math (Read, 1955). See the Supporting Information for Criteria F.2 and F.4.

Art - Because of its four dimensions for children, art is both beneficial and a favorite creative activity (Klein, 1982). Art allows children to:

- have actual power to choose the art problem to work on, select the means to accomplish it, set the criteria for successful completion, and pace the progress;
- act on norms legitimate in their own eyes;
- engage in meaningful behavior; and
- participate in self-actualizing behavior.

Large Muscle - See Active Play in Supporting Information under Criterion E.2.

The Guide to Texas Day Care and Day Care for School-agers published by DHR and the Winter 1982 issue of the Texas Child Care Quarterly contain additional information on interest centers.

Tabulation Guide

Observe the materials in the classroom and their organization.

	Care Group	Care Group Score	Comments
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
	TOTAL	_____	

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion E.2: Outdoor Environment

The playground (outdoor environment) offers a variety of surfaces, equipment and materials which stimulate and support the forms of play in which children naturally engage. (See Appendix I for children under 3 years old and Appendix II for family day homes.)

ACHIEVEMENT LEVELS

Points	Descriptors
1	The playground contains opportunity for active (motor skills), dramatic, creative, and construction play and for interaction with nature.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	Playground has both hard surfaces and grassy areas, shade and seating which make the playground more usable and comfortable for children and their caregivers. Active Play - Space and equipment are available for large muscle development and group games such as open areas, climbers, swings, tricycles and other wheel toys (one for each four to six children). At least one open area, 20 feet by 20 feet, where children can run or play ball safely without interference from equipment. For school-age children, this area should be large enough for organized games. Dramatic Play - A structure such as a playhouse, old vehicle or platform is present to allow children to exercise their imaginations and create roles. Sufficient accessory items (things transported from inside, etc.) for one-third of the group to participate at one time. Construction Play - Sawhorses, boxes, tires, and boards are available to give children the opportunity to build or rebuild their surroundings. Creative Play - Water, mud, sand and art materials are provided with some accessory items such as bottles, cans, trowels, and sifters which children can manipulate, change, or use to create new items. Nature and Pets - A natural area exists which at least contains weeds, grass, trees boxes, tires, or beds for planting by the children.
4	Includes all elements of (3) and some additional element(s) of (5).
5	The playground is zoned to offer children many clearly organized, accessible and interesting choices. Multifunction structures or juxtapositioned equipment create complex play areas. Comfort items (water, restrooms, seating, etc.) and storage are easy to access. Active Play - There are balls, water, hoses, game materials and other accessory items. Small items, such as marbles and pegs, are also available so children can gain experience manipulating small items using repetitive motions and developing coordination. Network of paths exist for wheel toys.

Dramatic Play - Accessory items such as boxes, dolls, toy vehicles (large or small), costumes, and dishes enhance children's play.

Construction Play - Basic movable items are enhanced with hollow blocks, building materials (brick, lumber, etc.) work benches, tools, interlocking structural components, or similar items.

Creative Play - A large variety of accessory items are available. Small protected spaces are provided for individual or quiet activities (benches or tables, nooks created by shrubbery, tarps, and blankets).

Nature and Pets - Provisions are made for children to both observe and interact with natural objects. Includes gardens, pets, (visiting or permanent) with digging tools, hoses, cages, magnifying glasses, seeds, bulbs, and watering cans.

Clarification

Playgrounds should be both safe and challenging. As a matter of safety it is critical that motion (swings, merry-go-rounds, etc.) and climbing equipment over 3 feet high have resilient material (sand, pea-gravel, tan-bark, etc.) in the fall zones not asphalt or concrete.

Active Play - Attention needs to be given to variety. Sturdy homemade structures are generally preferable to traditional seat swings, narrow slides, and jungle gyms. Play equipment designed for homes is usually a poor and expensive choice for day-care centers and group day-care homes because it cannot withstand the heavy usage. Common equipment for large muscle development includes climbers, jungle gyms, ladders, parallel bars, ropes, slides, boxes, boards, wheel toys and barrels. Tires, balls, water, hoses, and miscellaneous game materials are used as accessory items. Small muscles need things such as marbles and pegs.

Dramatic Play - Does not require expensive equipment. Packing crates and old vehicles which have been made safe are excellent for dramatic play structures. These combined with organized storage of cast offs (pots, pans, clothing, hats, empty cans and containers, etc.) can provide exceptional experiences. Other common playground elements are playhouses, costumes, boxes, dolls, and toy vehicles.

Construction Play - Inexpensive materials work well here. Boards with cleats, tires, logs, wooden and sturdy plastic crates, spools, cardboard, and other collectables provide great experiences. Items that promote this type of activity are movable equipment, work benches, tools, and building materials.

Creative Play - A nook protected from the active play, wind, and summer sun enhance some creative activities. Materials from indoors (art and science materials), collectible and natural materials make for good but inexpensive creative play. Common components include water, sand, mud, accessories for playing with sand, water, and mud (bottles, cans, sifters, scoops, etc.), and art materials. Nooks and private places need to be easy for a caregiver to see into when they are nearby and should be checked frequently by caregivers.

Nature and Pets - Increasingly, day care playgrounds and parks are the only opportunity children have to interact with nature since many urban children live in apartments with little or no outdoor play space. Providing for gardens and visiting pets often requires more planning than expense. If the soil is impossible, a load of tillable top soil is about the same price as sand.

Supporting Information

Adequate space is an essential part of playgrounds (Murphy and Leeper, 1974). Increasing the space and resources available can reduce the bickering and other negative behaviors of children on the playground (Moore, 1974). Approximately 100 square feet per child in the center will yield sufficient space to establish an interesting, manageable playground that will meet the children's needs (Frost and Klein, 1979). Although smaller playgrounds can be functional, they receive such heavy usage that it is nearly impossible to maintain the grass, sand, and moving parts.

A playground should support all the forms of play (physical, social and cognitive) in which children naturally engage. This means that a playground must offer a variety of surfaces, equipment and materials; should be zoned in a manner that facilitates the flow of activities; and have storage (Frost and Klein, 1979). Well-drained hard surfaced areas (concrete, asphalt, etc.) are essential in wet weather and for wheel toys and certain games. Some of the playground should be covered with grass for rolling, running and general lay. Other essentials are a digging and garden area, sand and water (Baker, 1974; Dickerson, 1977; Frost and Klein, 1979).

The types of materials and equipment listed most often by professionals are as follows (Hartlen and Goldenson, 1963; Friedberg, 1969; Baker, 1974; Ellison, 1974; Allen and Neterer, 1974; Moore, 1974; Dickerson, 1977; Rouard and Simon, 1977; Butler et al, 1978; Frost and Klein, 1979; Sanoff and Sanoff, 1981):

- Active Play - This provides the opportunity to exercise all muscles. Active play requires space and equipment for large muscle development, and open space for group games. The provision of hard and soft surfaces contributes to the variety of activities a playground can support. Smaller items are also needed to allow children to gain experience in manipulating small items, using repetitive motions, and developing coordination.

- Dramatic Play - Its main focus is allowing the exercise of imaginations and the creation of roles.

- Construction Play - A construction area with appropriate equipment and accessory materials provides children the opportunity to spontaneously build and rebuild their surroundings.

- Nature and Pets - The provision of these makes it possible for children to observe and interact with natural objects such as trees, plants, animals, water, and gardens.

- Creative Play - This play allows children to explore and act on materials to bring about changes and possibly new items. Small protected spaces for individual or quiet activity contribute to this type of play but are frequently overlooked.

Tabulation Guide

Check the contents of the playground and storage. Interview caregivers regarding what materials they add and the activities they plan.

Play Areas	Comments on Contents	Score
Active	_____	_____
Dramatic	_____	_____
Construction	_____	_____
Creative	_____	_____
Nature	_____	_____

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion E.3: Rotation of Equipment and Materials

Indoor and portable outdoor equipment and materials will be rearranged and rotated (stored or moved from group to group) as the children show lessening interest in using them.

ACHIEVEMENT LEVELS

Points	Descriptors
1	Some portable equipment such as boards and tires are used outdoors. There is some rotation of materials although it may not be on a regular schedule.
2	Includes all positive elements of (1) and some additional element(s) of (3) and (5).
3	Storage is provided that accommodates most items not in use. There are two or more types of portable outdoor equipment (boards, tires and other movable parts). There are enough sand box accessories, books, music and listening items, and science items to rotate some once or more each month. Enough dramatic play and blocks also exist accessories to change some types twice or more each month. Plans indicate that some art activities and manipulative items will be varied each day. Equipment and materials are rearranged or rotated when children begin using them in a destructive manner. Rotation relates to the theme of the week and the season of the year.
4	Includes all elements of (3) and some additional element(s) of (5).
5	There are a variety (four or more different types) of items including boards, ladders, tires, sawhorses, climbing horses, ramps, boxes and other movable parts for the outdoor area. Attention is given to rotating the following items on a scheduled basis unless the children express a desire to continue using them: ° sand and digging area accessories ° block accessories ° homemaking center accessories and other dramatic play items ° manipulatives ° art materials ° books ° science materials

° records for music and listening

Adequate and organized storage is provided for all items not in use.

Clarification

If children's interest and constructive use of materials are to be maintained the materials must be rotated, accessorized differently or rearranged on a frequent basis. Children's exploration and learning are linked to materials offering some elements of noveltry. Without changes which channel children's use and exploration in desirable directions, children will misuse and destroy materials and equipment.

Changes in equipment and materials should be made to support activity plans. Ideally, materials will be sorted with sets of small items neatly stored on shelves in bins, sturdy boxes, and racks.

Portable outdoor equipment are items that can be moved from place to place on the playground. The most versatile of this type of equipment is often referred to as "loose parts" or movable parts. These include boards, tires, sawhorses, ramps, etc. that can be rearranged in different ways to add extra dimensions to stationary equipment or create new activity areas. A board spanning two tires can be a seat, a walking beam, one wall of a "house", etc. A board and a crate can be used to make a "bridge" across a "river" from the jungle gym. Boards with cleats on the bottom side (two at each end and in the middle) can be used in a variety of ways and are fairly stable. Used with a sawhorse they make a small, satisfactory seesaw. Another bonus of movable parts is that they can be moved frequently to prevent wearing bald spots in the grass.

Supporting Information

Novelty, the extent to which an object differs from what has happened before, helps to gain children's attention (Jeanrenaud and Bishop, 1980). Children are most likely to explore items that are not too different from those with which they are currently familiar. Exploration is used as a means through which children acquire information (Piaget, 1962).

Curious children find new solutions to problems. They are also better able to recognize and solve new problems. Low levels of curiosity in children correlates with their having trouble meeting the demands of school (Maw, 1970a, 1970b; Torrance, 1971). Process oriented activities which encourage varied outcomes promote curiosity (Bradbard and Endsley, 1980).

Children need an environment that gives them the opportunity to practice and expand what they learn (Bronfenbrenner, 1979). Learning centers that are changed to reflect the topics, caregiver-child discussions, seasons and other recently covered information are a way to provide this kind of opportunity.

Tabulation Guide

Determining this involves observing what is in use, what is stored and interviewing caregivers about the length of time various items have been in use.

	Care Group	Care Group Score	Comments
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
	TOTAL	_____	

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

F. ACTIVITIES FOR CHILDREN

Criterion F.1: Daily Activities

Indoor and outdoor activities are planned and implemented daily which offer children opportunities for growth, development, and pleasure. These activities with equipment and materials are accessible to each child, of interest to him, and appropriate to his abilities and needs.

ACHIEVEMENT LEVELS

Points	Descriptors
1	The activities and daily schedule include (1) outdoor and indoor, (2) active and quiet, (3) self-directed and caregiver-directed, and (4) individual and group activities. Daily activities are provided in the areas of creative expression, positive, self-concept, social skills, communication skills, health and safety habits, and physical development. Most of the play materials for scheduled daily activities are arranged on shelves and tables accessible to the children. Children may ask the caregiver for other items and return them to the caregiver. There is something for each child to do and a few extra things.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	Caregivers have identified daily activities in writing and implemented them for the total caregroup. There are activities for large and small group times and indoor and outdoor freeplay. The activities span the range of developmental levels in the group. There are at least two activity spaces for each child in the group. These include several different types of activities. The materials for these activities are arranged on shelves and tables accessible to the children. Activities are those as appropriate for the ages in the caregroup. Some activities are planned specifically for individual children. Children can be observed to be agreeably occupied alone and with others and to be enjoying activities.
4	Includes all elements of (3) and some additional element(s) of (5).
5	The caregiver's daily plans for the care groups (as specified for level 3) are directed toward the program's goals and integrated into the weekly plan, as well as the overall calendar (monthly or annual). Within this framework, there are individualized plans which reflect child choice, skill progression and interest span.

A few extra or reserve activities are planned for each day in case the children show lessened interest in or are unable to carry out an activity as anticipated.

There are at least three activity spaces for each child in the group. A variety is available that accommodates the individual differences among children and the differences in mood and interest that occurs within each individual child. Children are involved in activities that they obviously like.

Play equipment and materials are arranged in locations that are convenient to the children including low shelves, tables, open yard space, interesting wall space. The organization of the materials is logical, convenient, and orderly. Items used together are located together. Sturdy containers are used for small items. Children may select and return items and move easily from one activity to another without help, or direction.

Caregivers use group management skills which maintain a continuous flow of activities, moderate noise level, and an orderly operation. Caregivers are alert to individual needs for support in making choices, handling problems and developing skills.

Clarification

Although weekly and monthly units are commonly used for planning, other time units (biweekly), etc. are equally acceptable and calendars may be planned for the entire year.

An activity space is a space with material and/or equipment where a child can work or play. For example, a table and three chairs with a standard set of Lego, counting cubes, and pegboard with pegs would be three spaces. Depending on the space, seating, etc., the following are common: table art - three to six; block area - three to seven; housekeeping - three to seven; easel - two; books - two to three; music and listening - two to three; manipulatives - four to six; and science - two to three. Additional materials on shelves accessible to the children that they can exchange with the art, listening, manipulative, etc.; materials on the tables; or "work" sections of the interest areas adds to the number of spaces. So do items like wood working benches, sand and water in tubs or tables, and puppet stages. Materials need to be complete or in good repair (puzzle with several missing pieces or snap-togethers with many broken snaps would not be counted as activity spaces).

This criterion refers to a count of indoor activity spaces, but providers should be encouraged to begin looking at outdoor activity spaces in relation to the number of children using the playground at one time. Many playgrounds have less than one activity space per child. This can often be corrected by bringing some indoor materials outside and/or adding portable items, such as boxes, boards to be used with crates, sawhorses, tires, etc., and digging space and equipment.

Bulk supplies of expendable materials and expensive breakable items such as record players or tape recorders may be stored above the child's level but available to the child upon request.

The types of equipment accessible to children should increase with the age and competency of the children. Some groups of children as young as 4 years old can use tape recorders and record players appropriately when they have been correctly taught the care of them.

At any achievement level there should be few, if any, fighting, arguing or unoccupied children during an hour of observation.

Supportive Information

According to Garvey (1978), a great deal of the children's effort and attention are spent finding out what things are, how they work and what to do with them. She lists the following ways objects act as a link between children and their environment:

1. Objects provide a means for children to express their feelings, concerns, or preoccupying interests.

2. Objects offer channels for social interaction.

3. Objects set up a chain of exploration, familiarization, and eventual understanding.

Opportunities for play need to be sensitive to the cultural pressures and conditions. The amount and content of fantasy and imitation will be related to the narrowness or richness of the lives of the children's families (Smilansky, 1968; Fein and Clark-Stewart, 1973). Cultural experiences also affect their choice of play materials and activities (Prescott and Davis, 1977).

When play space is interesting, children are likely to play in interesting ways (Kritchevsky et al, 1969; Moore et al, 1979). Children are stimulated to play, to learn and to seek useful experiences from developmentally correct playthings. This includes the development and practice of problem solving and learning skills (Cherry, 1976; Jones and Prescott, 1978; Sotamaa, 1980).

The appeal of play materials varies with the age and developmental level of the children (Parten, 1933; Hurlock, 1971; Frost and Strickland, 1978). Sand play was the great favorite of the 2-year-old children and decreased in popularity as the ages of the children increased (Parten, 1933). The pattern for riding toys was similar.

Consistent with these findings, Hurlock (1971) reported that sand and blocks were the favorite items for 3-year-olds. By the age of 4 years, children prefer items they can use to make something to the items they merely manipulated at age 3 years. During the early elementary years, there was an interest in games, collections, construction and pets.

In a study of children in kindergarten through third grade, Frost and Strickland (1978) found an old boat and car, wheel toys, and the fort and housekeeping areas most popular with kindergarteners. Climbing structures and loose parts were equally popular across groups.

One measure of a space's ability to keep children continuously interested is its complexity (Kritchevsky et al, 1969; Jones and Prescott, 1978). Structures, materials or areas can be categorized according to their complexity as simple, complex or super units. A simple unit has only one obvious use. It does not have subparts or other materials juxtapositioned with it. A complex unit has subparts or juxtapositioned materials that children can manipulate or improvise to serve two different play functions. A super unit has three or more play materials juxtapositioned. Complex and super units can be formed by rearranging simple units and by adding accessories.

A super unit is about eight times as effective in holding children's interest as simple units. Complex units are four times as effective as simple units. Kritchevsky et al (1969) used these observations to suggest a method for calculating how much there is for children to do in a play setting. Each simple unit can be counted as one play space, each complex unit as four and each super unit as eight. The total spaces are divided by the number of children in the group to yield the average number of things there are for each child to do. The number of play spaces needed per child varies somewhat with the size of the group and variety offered. An adequate number would be between one and one-half and three play spaces per child (Kritchevsky, 1969; Moore, 1974; Jones et al, 1978).

The softness and hardness, open and closed, intrusion and seclusion, high mobility and low mobility are other dimensions that children respond to in their environments (Jones, 1977; Jones and Prescott, 1978). The hardness dimension includes hard surfaces and much of the equipment which supports play involving large motor skills. Greater softness makes more comfortable environments. Soft things include cushions, sand, water, and mud.

The materials and equipment in an environment effect how open or closed it is. Children have many choices in an open program. Choices are dictated by materials or caregivers in a closed program. In materials, the open andclosed dimension relates to the extent to which restriction is inherent in the materials and impose clear and arbitrary solutions. Only one correct outcome or set of outcomes and relationship among the parts exists in closed materials. Puzzles, matching games and work books are closed materials. Some materials are relatively open with only the goals (set of outcomes) or the relationship constrained. Toy people and animals, tinker toys and parquetry blocks are relatively-open. The goals and the relationships are both unconstrained in open materials. A variety of degrees of open and closed dimensions should be present in children's day-care environment (Kritchevsky et al, 1969; Jones, 1977; Jones and Prescott, 1978).

Both intrusion and seclusion are desirable. Intrusion is a way of getting noveltry, stimulation and enrichment into a setting and includes the addition of new materials or resources. Seclusion is necessary for some learning activities and privacy. It occurs primarily by the provision of opportunities to choose to be alone.

Privacy is especially important in day care centers because children are continuously confronted with interpersonal interactions and closely watched by caregivers. Provisions for privacy are needed to ensure that children have adequate time and space for safe emotional release, self-assessment, and the development of a sense of self-identity and autonomy (Jacobs, 1980).

High mobility activities are those that involve the use of large muscles. They usually involve space and equipment that supports the active movement from place to place. Low mobility activities are sedate and use the small muscles.

Tabulation Guide

Check the materials and equipment in the classroom, on the playground, in closets and storage structures as well as observing the interaction of children with the items in classroom and on playgrounds.

An observer rating this criteria would look at activity plans and daily schedule, compare to activities in progress. Observers would also ask caregivers about individualized plans (which child, what type of activities and how often) and reserve plans.

	Care Group	Care Group Score	Comments
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
	TOTAL	_____	

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion F.2: Provisions for Children's Intellectual Development

Children's intellectual development is fostered through activities and resources which encourage thinking, reasoning, questioning, experimenting, creating, and communicating.

ACHIEVEMENT LEVELS

Points	Descriptors
1	Activities are offered, including sufficient material and equipment, which arouse children's interest. During indoor freeplay there are planned activities which encourage an individual response from children. These activities at least include art, music, and dramatic play. There are planned language activities such as finger plays and story times and some spontaneous conversations among the children and their caregiver(s) during the day.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	Indoor activities which encourage an individual or original response include at least art, music, dramatic play and construction (blocks). Outdoor activities at least include sand, sawdust, or some other digging area. Each day indoor and outdoor free play contain activities which encourage children to think, reason, question and experiment (such as floating activities, rolling objects, sliding objects, cooking and block building). Caregiver conversations with children encourage them to seek solutions to problems. A variety of active play experiences, finger plays, story times and conversations encourage language development, comprehension and meaningful communications. These activities which promote communication skills are a part of indoor and outdoor free play times, group times and meal times. Indoor and outdoor environments (criteria C.2 and C.3) are provided at achievement level (2) or higher.
4	Includes all elements of (3) and some additional element(s) of (5).
5	Indoor and outdoor environments (criteria C.2 and C.3) are provided at achievement level (4) or higher. Activities and staff interaction with children throughout each entire day (indoor and outdoor free play, meal times, group times, transitions, etc.) encourage children to think, reason, question and experiment. The variety is sufficient for children to have the opportunity to become involved in eight to 10 different activities each week. Each child is encouraged to use the time needed to master each activity or level of activity. When children have begun to experiment and explore, the caregiver protects their projects from destruction and helps other children become involved when appropriate. Caregivers help children extend their activities into learning experiences.

Planned activities which encourage language development, comprehension and meaningful communication includes common activities such as finger plays or stories and more unique approaches as language experience stories and word games. Stories are read to small groups or individuals from books appropriate to the age and interest of the children in the group. Transition times offer learning experiences through the use of songs, games, finger plays, etc.

In bilingual settings, a variety of opportunities are provided for all children to learn key words and phrases in each other's language. Specific opportunities are provided daily for non-English speaking children to use English (in addition to use of key words and phrases).

Clarification

The natural way for young children to expand their knowledge is through **incidental learning** (learn from the interactions with their environment that they instigate themselves). Most of this learning, along with creativity, occurs during **free play**. Free play is a period during which children are free to choose among appropriate activities which their caregivers have planned and made available for them. It is generally managed in a manner that lets children move from one activity to another without caregiver direction. The caregiver's role is that of a facilitator who helps children find things to do, supports activities with materials, questions and suggestions and helps children avert or handle conflicts.

Caregivers can help children expand the learning experienced through their activities by using words that are relatively unfamiliar to the children to describe their activity as it is done. For example, "Jeremy, you used a coffee can as a mold in making your sand castle." Questions such as, "I wonder what would happen if _ _," with encouragement to the children to test and see if the predictions were accurate, are another example. Sometimes simply supplying additional materials is all that is necessary.

Language experience stories are the children's stories and descriptions of events recorded by the caregiver and used as stories to read. The stories progress from a few words to a few paragraphs as the children grow older and more familiar with the process. Stories should be both on flip charts and on pages that the children can illustrate, make books from, etc.

Supporting Information

Self-concept, social skills, creative ability, communication skills, all effect the development of cognitive skills (Maw, 1970; Torrance, 1970; Cazden, 1970; Lee, 1976; Kohn, 1977; Cawley, 1978; Comptroller General, 1979; Zigler and Trickett, 1978).

Children grow intellectually by internalizing information based on experiences and modifying this information to accommodate new information. Since their concepts for words are limited, they learn best from such experiences as the manipulation of objects or discussing their physical activities. Often, more cognitive skill is involved in children's wrong answers than in their correct answers to questions. Children may use internalized rules to arrive at wrong answers in a very logical and systematic way, all they need to learn is an

exception that modifies the rules they have learned. Too frequently, children receive no recognition for producing wrong answers which involve high level reasoning, but are rewarded for correct answers learned as chants or rote or were overheard rote involves very low level reasoning.

Bronfenbrenner (1979) and Piaget (1962) indicate that the opportunity for children to attempt progressively more difficult tasks and to practice the skills until they are mastered are critical ingredients in their cognitive development. Learning opportunities offered children need to be progressively more difficult to stretch their capabilities, but only frustration occurs when learning activities are beyond a child's capability.

One logical way to match programming and expectations to the developmental level of the children is to correlate activities and expectations with the children's development of **representational thought.** Through representational thought children are able to think of people, things and happenings when they are no longer present. Infants begin exhibiting some representational thought (index) between 6 months and 1 year. This is usually related to very familiar objects and experiences. Index, symbol and signs are described by Piaget as kinds of representational thought (Weikart, Rogers, Adcock and McClelland, 1971; Freeman & Wolfgang, 1978):

Index. It emerges toward the end of the sensory/motor stage. A sound can serve as an index. For example, when a child hears a bark, the child thinks of a dog.

Symbol. During the preoperational stage (approximately between 2 and 7 years old), a child's mode of representation expands to symbols such as those seen in art and imaginary play. The symbol may resemble the object, person or action it stands for. Symbols originate internally and are private and personal in nature and convey the child's feelings and emotions.

Signs. The most abstract representation. Signs bear no physical resemblance to the object, person or action to which they refer. The most common sign encountered is written language. These seem to emerge as a child moves into the concrete operations stage. The child develops signs internally and is given signs externally. In the beginning stages of sign development, some children are deeply involved in personal symbols and are not ready for externally imposed ones which may explain the different outcomes for children with the same test scores.

Since some children enter preschool programs as infants, the developmental levels of the children served in the programs range from Piaget's sensory-motor stage to the concrete operations stage.

Language and Reading. During preschool years (birth to about 7 years old) children acquire the background experiences necessary for reading that adults can help by providing appropriate experiences. This means that teachers and caregivers need to be certain that the children have a wide variety of experiences that help them learn about their world and oral and written language. Appropriate language activities include (Chomsky, 1971; Smith, 1974; Sandberg and Pohlman, 1976; Davis, 1977; "Reading and Pre-First Grade", 1977; Durkin, 1978; Schickendanz, 1978; Nurss, 1980):

1. Conversation, descriptive language, and oral feedback. Picture story books, information books, folk tales and poetry introduce new meaning, figurative expressions and varied syntactical patterns. Listening or tuning the child in to the past is a part of this, too. The oral labeling of objects, actions, feelings and concepts expands the meanings of words for children. Listening to children gives their language worth and teaches them to listen.

2. Oral rhyming, initial consonant substitution and alliterations in jingles, language play and games. Activities with sounds help children to hear phoemes (the smallest units of sound). Oral language games encourages children's natural tendencies toward this type of exploration.

3. Stories which are read to children as they follow the book. For this to happen children must be in a position to see the print. Children are helped to make the connections between written and spoken language when they can attend to the page while the story is being read. Groups must be small. Reading the same story many times and the adult pointing out key words also helps.

4. Free access to books that have been read. Favorite stories should be kept where children have continued access to them. Access to familiar books allows children to practice matching their "by heart" story lines with printed words. Some children will begin to integrate their "by heart" and "by sight" versions to abstract rules about the association of the two.

5. Language experience stories using the children's own language. These should be written in the standard manuscript (print) and can demonstrate such conventions as left-to-right and top-to-bottom, space establishing the boundaries of written English, etc. which are a part of written language. Help children write their own stories when they have developed the interest and coordination. Their own stories motivate children to want to read and demonstrate the connection between the written and oral language. They form meaningful beginning stories for the children to read because they record the children's own language and can be read naturally by the child author.

6. Printed words and phrases throughout the environment. Labels on objects, names of cubbies, etc. can have a place in the preschool especially at the kindergarten level. Printed labels in the environment can help children associate printed words to meaningful objects.

7. Use of terms for language in reading instruction. Such words as letter, sound, word and sentence can be included when labeling art work, recording language experience stories, etc. The use of the correct terms (sentence, word, etc.) when doing language activities with children will help them become familiar with the terms children are expected to understand when instruction begins in reading and writing.

Mathematics

In teaching the abstractions of mathematics it is extremely important that children have learned to handle ideas and operate with symbols. Throughout children's study of mathematics, they should be provided with experiences that help them move always in the direction from concrete and familiar (development of concepts that can be used abstractly) toward the abstract and unfamiliar.

Mathematic concepts are formed in the sequence of experience, abstraction, generalization, and application. (Blisher, 1970; Ballew, 1973).

Mathematics are abstract and require a special precise language. The understanding of 2- to 7-year-olds is limited to real objects and experiences. Before children can deal with mathematical abstraction, they must have sensory experiences that they can relate to the abstraction. (Gibb & Castaneda, 1975).

Buried deep in the foundations of mathematics are some parts that can be made accessible to young children in an experiential way (real objects and "hands-on"). These parts are (1) sets, (2) number, (3) measurement, and (4) shapes (Blisher, 1970). Children must begin with the most elementary components of these and progress to the more complex ones. For example, learning about sets would start with classifying in its simpliest form, sorting objects by some easily understood characteristics (dolls from a collection of toys).

The premathematic activities that can be taught in experiential sequences to young children are (Blisher, 1970; Gibb & Castaneda, 1975; Van Engen & Grouws, 1975):

(1) Sets

- classifying objects (sorting and partitioning)
- comparing objects
- ordering

(2) Number (whole numbers and fractions)

- classifying a number of objects
- comparing a number of objects
- ordering a number of objects
- counting objects
- recording the number of objects

(3) Measurements

- language and concept (through examples) for the property (height, length, weight, area, and volume)
- comparing objects using arbitrary units
- language and concept for a unit (inch, foot, etc.)

(4) Shapes

- likeness and differences
- comparison
- classification

For 2- to 7-year-old children to grasp the content of a learning activity there must be actions upon objects; accommodation of the children's previous knowledge, learning style and language; and opportunity for children to test, compare and discuss their ideas about it. According to Nelson and Kirkpatrick (1975), the characteristics of good mathematics related problems designed for young children are as follows:

1. The problem should have a significant relationship to mathematics.
2. The situation used for the problem should involve real objects or realistic simulations.
3. The problem should interest the children by its nature, materials, situation, etc.
4. The children should be required to move, transform, or modify the materials.
5. There should be opportunities for different levels of solution instead of allowing the child to move directly to the solution.
6. The problem should have many physical embodiments.
7. The children should be convinced that they can solve the problem and know when they have done so.

The problems taught must help children develop the language of mathematics. (Larsen & Fejfar, 1974). There are a lot of words in our everyday language that are also used in mathematics. Some of these common words are true, false, not, and, or, implies, if-then, if and only if, statement, all, some, none. For children to use these terms in mathematics we must help them to learn the words as precise concepts. If preschool children understand as many as, more than, fewer than, and how the numbers zero to five work they will have a good base for learning arithmetic in elementary school. See the summer 1984 issue of the Texas Child Care Quarterly for more information on mathematics for preschool children.

According to Bradley and Caldwell (1976), the infants in their study who improved their mental test performance (Bayley Mental Development Index and Stanford-Binet) were the ones whose caregivers not only encouraged and challenged their child to develop new skills but also provided their child with the kinds of play materials needed. Infants from homes rich in appropriate kinds of experiences had mental test scores that showed progressive increased while infants from homes that were poor in certain kinds of influences had mental test scores that decreased.

Tabulation Guide

Check the daily activity plan, lesson plan, materials in classrooms and storage closets to determine what is offered and the variety available.

	Care Group	Care Group Score	Comments
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
	TOTAL	_____	

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion F.3: Provisions for Children's Social and Emotional Development

Children's social and emotional development are fostered through activities and resources which encourage social skills and positive-self concepts.

ACHIEVEMENT LEVELS

Points	Descriptors
1	Both free-choice and caregiver-directed activities are provided during the day. Materials and equipment are provided which can be used alone or with other children. No books and materials which are obviously derogatory to any cultures are used. Routines contains some positive elements such as daily greetings. No criticisms are made about the personal characteristics of the child. Storage exists for each child's belongings.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	Indoor and outdoor environments (criteria C.2 and C.3) are provided at achievement level (2) or higher. Age appropriate activities and materials are available. There is a balance of individual (free-choice), small group, and large group activities. Some materials, books and activities are used which reflect positively on various cultures, sex roles, occupations, or general appearance of individuals. Occasionally staff guide children in performing cooperative efforts. This includes some interpretation of children's behavior and feelings to other children in ways which foster acceptance and cooperation. Children are praised when something is done well. The same primary caregiver has been with the care group (assignment-children within group may have changed) for at least six months.
4	Includes all elements of (3) and some additional element(s) of (5).
5	Indoor and outdoor environments (criteria C.2 and C.3) are provided at a achievement level (3) or higher. Activities and materials are included that demonstrate the value of differences. Care is taken in the use of materials, book and activities to reflect positively upon all cultures and children (sex, physical size and appearance). Caregivers consistently make suggestions and guide children in their cooperative efforts. Cooperative projects are included in activities planned and implemented (i.e. mural for preschoolers and organized games for school-age children).

Staff consistently interpret children's behavior to other children in ways which foster acceptance and cooperation.

Staff commend each child on the satisfactory elements of the child's efforts.

Routines and transitions convey to children that they are valued by concern for the children's feelings, comfort, attention span and interests.

Clarification

Social skills are necessary for children to succeed in school and become responsible and cooperative members of society. Day-care program can foster the development of children's social skills. Caregivers can provide competent models of friendliness, cooperation and purposive behavior. Activities can be planned which involve children in cooperative use of materials. The development of social skill also requires that the children have opportunities to become involved in self-initiating, exploratory, persistent, and independent activities.

Caregivers can support cooperative efforts by the means of helpful suggestions. When children have disagreements, adults can interpret the behavior of the children to each other in ways that foster acceptance and understanding. Murals, games and projects often require cooperative efforts. Suggestions of how to work together can make cooperative efforts successful. Examples of caregiver suggestion and guidance in cooperative use of materials are "Joe and Bill, one of you needs to pick up this end of the board. It's easier to carry it when one of you are on each end", or "Dan, you can ride and Mary can pull the wagon around the walk once, then change places. That way both of you will get to ride." An example of interpreting children's behavior to other children could be, "Sue, I wonder if John is cross because he is tired. Let's ask him to rest in the homemaking center's bed while you pretend to cook breakfast."

In addition to the above, caregivers may need to intercede on the behalf of children when they have difficulty with other children. Often it is necessary to guard against the misuse of social power by popular children.

Play is an important vehicle of social skill development. The progression of socialization categories in play are (1) unoccupied behavior, (2) solitary play, (3) on-looker behavior, (4) parallel play, (5) associative play, and (6) cooperative play (Parten, 1933; Hendrickson et al, 1981; Frost and Klein, 1979). As children mature and develop social skills they become more capable of associative and cooperative play and spend more play time in them. Infants and toddlers exhibit mostly the first four types of social play.

Children often progress through the social play categories as they enter a play situation. Initially children play alone and make no effort to include other children near by (solitary play). Next they plan independently but in an activity that brings them among other children doing similar things (parallel play). In associative play, they play with other children but are more interested in being associated with other children than a common activity or product. With increased maturity (or length of time in group or play period), they engage in cooperative play, interacting with others to make a product, dramatize a situation or attain some competitive goal.

Groups of children 4-years-old and older should exhibit cooperative, associative, parallel and solitary play during the free period in environments which offer appropriate stimulation. When unoccupied and on-looker behavior occurs it should be brief. Aggression and other problem behaviors may indicate insufficient or inappropriate activities and resources.

Routines can convey to children that they are valued. Examples are respecting the child's desire to finish a project and arranging for the child to do so, careful storage of children's personal possessions, and helping children put things away when there is an overwhelming number of objects. Routines can also detract from a child's self-concept. Routines are an arbitrary sequence of events intended to guide the flow of daily activity. Children's feelings and needs should always be given priority over an arbitrary sequence of events.

Supporting Information

The selection of materials can influence the social play of children because some items more social interaction among children than others (Parten, 1933; Quilitch and Risley, 1973; Rubin, 1977; Hendrickson et al, 1981).

Social competence in children can be described as (1) their being socially responsible--friendly instead of hostile to peers, cooperative rather than resistive to adults and achievement oriented; and (2) independent--dominant and purposive rather than submissive and aimless (Baumrind, 1970). Competent children are purposive and adaptive and they analyze the rules governing interactions and situations (O'Malley, 1977).

Antisocial symptoms in children successfully forecast adult behavior involving a great deal of aggression and defiance of the social order (Robins, 1966). Psychopathology existing in preschool children predicts academic difficulty in school with apathy and withdrawals being more strongly associated with the difficulties than anger and defiance (Kohn, 1977).

Children need opportunities to do self-reinforcing tasks that involve mastery. Behaviors performed for the approval of others (caregiver, etc.) involve less independence than those oriented to task mastery (Lee, 1976). According to White (1963), children's self-esteem is rooted in their experiences of their own efficacy (power to produce an intended outcome).

If both the experiences in efficacy and the sense of competence that these experiences produce were known, it is likely that the ego strength of the individual could be mastered. White also concluded that ego strength and growth are favored by the presence of affection and interest in the child from a significant adult.

According to Carl Rodgers (1961), the children are the best judges of what will enhance or impede their growth. The autonomous child has established the self as a causative agent and looks to self for directions and decisions. Trust in self is an essential ingredient to autonomy. This concept is closely associated to Piaget's (1962) contention that children play for pleasure and the sense of power or mastery at being able to cause something to happen as a result of displaying known actions.

Tabulation Guide

Observe activities, children's behavior and the categories of social play in which children engage.

Care Group	Care Group Score	Comments
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
TOTAL	_____	

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

Criterion F.4: Provisions for Children's Physical Development

Activities and resources promote children's physical health and development.

ACHIEVEMENT LEVELS

Points	Descriptors
1	Upon enrollment the facility requires documentation that the child is physically able to participate in day care, information on any handicapping conditions and a recent and a record of immunization. Activities and equipment used during indoor and outdoor free play period encourage coordination, muscular development and enhance physical well-being. The activities offered include rolling, pushing, and pulling objects, riding toys, climbing, jumping, and running. A supply of water is accessible at all times and children are reminded and encouraged to drink water throughout the day. Thorough hand washing after toileting and before eating is consistently practiced by both children and staff.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	The variety of activities and equipment (indoors and outdoors) offer a balanced opportunity for developing both gross-motor and fine-motor skills. Staff model behavior for children related to good health practices and provide opportunities for children to discuss and learn the value of health care. Daily routines encourage and demonstrate sound health practices, such as blowing noses, brushing teeth, and not sharing eating and drinking utensils or washcloths. Caregiver uses food activities to introduce children to a variety of nutritious foods.
4	Includes all elements of (3) and some additional element(s) of (5).
5	Activities include creative and rhythmic movement and function vocabulary development (modeling of language which describes movement, spatial relationships, velocity, etc.). Planned activities on health and health routines are included numerous times throughout the year. Parents are informed about health activities and encouraged to reinforce them at home. Health related professionals are used as resource persons for staff or as visitors to whom children can address questions. When the menu includes an unusual or unpopular food for the first time each year, its introduction is coordinated with learning activities in the classroom (preparation, purchase, examination, etc.)

Clarification

Physical development activities should contribute to both gross motor (large muscle) and fine motor development and coordination. This requires a wide variety of movement and the involvement of the whole body.

Creative and rhythmic movement include free and interpretive movement to music, poems, stories and other's suggestions. Examples are scarf dancing, free movement to music and individual interpretations of caregiver suggestions such as "let's move like the branches in the wind. Faster - the wind is blowing harder, faster, faster, now the wind is slowing down. Slower. Slower. Slower. Very slowly."

Water is inexpensive and important to a child's well-being. Providing plenty of water and encouraging children to drink it also helps children learn to like water and drink it instead of sugary drinks. In areas where water is of questionable quality, some of the food budget might be used to purchase bottled water.

Water can be taken to areas where there are not drinking fountains in covered pitchers on a tray with individual glasses or paper cups. On hot days it is important that young children be offered cups of water at frequent intervals because they often do not drink enough water from fountains.

Planned health related activities might include such activities as how to get hands really clean, how to brush teeth, or how to help yourself not catch colds.

Supporting Information

The center needs to offer opportunities for all types of movement including running, jumping, climbing, crawling, swinging, throwing, kicking, pedaling, pulling, and carrying. If the environment provides appropriate and varied experiences the children are likely to develop satisfactory motor skills. The development of these motor skills also contributes to the children's social success and feelings of self-adequacy (McClinton and Meier, 1978).

The results of a lack of physical activity include the inability to perform simple fitness measures, postural defects, obesity and increased use of medication for emotional problems (Brown, 1980). Brown also cites the fact that in many countries increasing numbers of children are exhibiting poor levels of physical fitness and symptoms of these problems.

Poor motor maturation correlates with antisocial behavior in teenage boys (Robins and Yahraes, 1979). In investigations of delinquent boys and boys being treated for learning disorders, it appears that lower-class children with delayed or disturbed neuromuscular development are likely to be identified as delinquents when they grow up. Children with these problems from middle-class environments are likely to be identified as children with learning problems.

Outdoor environments stimulate more functional play than indoor environments. It is the repetitive muscle practice of functional play that is so valuable in developing motor skills (Henniger, 1980).

Tabulation Guide

	Care Group	Care Group Score	Comments
1.			
2.			
3.			
4.			
5.			
6.			
	TOTAL		

_____ (total) (score) divided by _____ (no. of) (caregivers) = _____ (criterion) (score)

G. INTERACTION AMONG THE STAFF, THE PARENTS AND THE COMMUNITY

Criterion G.1: Parents Involvement in the Program

Parents are encouraged to participate in the program and be involved in decisions about the facility's operation in order to enhance and extend its benefits. (See Appendix II for family day care homes.)

ACHIEVEMENT LEVELS

Points	Descriptors
1	Parents are informed about the child-care program. The facility's written policies describe: ° hours and days of operation ° child health policies ° fees ° complaint procedures ° meal service ° discipline ° clothing ° absences ° parent conferences The facility maintains a parent's bulletin board with current menus and activity notices. This posting is pointed out to parents at time children are enrolled. The facility invites parents to participate through one of the following ways: ° open invitation in the written policies given to parents, ° periodic invitations for special events or occasions, ° parent meetings, ° sharing information on the child's adjustment, and ° parent participation work days. Parents are encouraged to share information about their children's special dietary needs such as food allergies or diabetes. The facility uses this input in regards to feeding a child with special needs. Other incidental input from parents is used although most elements of the program are determined by the facility's administration.

2 Includes all elements of (1) and some additional element(s) of (3) and (5).

3 At the beginning of each program year parents are invited to an orientation. This covers the purpose of the program, its funding sources, description of its services and information about how parents may become involved in various aspects of it. Parents are also given the opportunity to become familiar with activities and materials used with the children.

A record of each child's progress is maintained by the facility. At least annually, formal parent conferences are held to discuss with parents their child(ren)'s development and progress.

Through the year parent input is systematically solicited regarding program operations and policies.

Parents are informed about the sources of funding, amount of funding and what funding changes mean in terms of services the day-care program can provide.

Parents may be involved in the food service through such activities as their being invited to dine with the children occasionally or prepare special dishes as a classroom activity or for special occasions.

4 Includes all elements of (3) and some additional element(s) of (5).

5 The facility provides supportive opportunities for parents to help them learn to function in parent groups and other organized group settings. This includes helping them learn to deal with various systems to influence changes and provide advocacy for programs for their children.

Particular consideration is given to the parent who is not psychologically or experientially ready to take any responsibility related to the program.

Through reading materials and training, the facility works to develop knowledgeable and skillful staff who understand children and parents. This includes training caregivers to conduct parent conferences and information on the child rearing values and practices of the cultures served.

Staff make special efforts to respect traditions and child rearing practices of different families even though they may not agree with such practices. Efforts are made by staff to decrease conflicts that may arise when child-rearing practices of the parent and day-care facility are different. Materials or training opportunities are made available to staff to help them learn about the various cultural groups they serve.

Clarification

Day care programs should designate a portion of their energies and resources to maintaining lines of communication with the families of the children they serve. There are many processes that can be used in involving and communicating with parents. These include:

- Telephone inquiries;
- Letters and other written communication;
- Admission interviews;
- Orientation and ongoing parent meetings;
- Parent activities;
- Parent and staff conferences, both formal and informal;
- Bulletin board notices and posters;
- Designated staff to serve as parent liaison;
- Special efforts to learn about the characteristics of type of work parents do or about various cultures so the families' needs, uniqueness and preferences can be accommodated;
- Areas in which parent input is highly appropriate are: Hours of operation needed to cover the hours parents work or train;
- Identification of auxilliary services that the families need (health and dental services, counseling, transportation, etc.) and resources for providing them. Criteria for families' use of auxilliary services provided by the facility including the responsibility that parents must assume;
- Criteria for selecting staff for various positions (reviewed with parents periodically);
- How parents can participate in the children's program such as way of extending learning experiences at home or use parents as mealtime volunteers;
- The compatability of the overall program goals and goals parents have for their children;
- Criteria for waiving fees (review and comment);
- Meeting the special needs of enrolled children such as breakfast for early arrivals, cots for children who arrive sleepy or become sleepy during the day, etc;
- Food service, including the times at which food services are scheduled, and responsibilities that children take in the food service;

- Program financing (fund raising, contracts, etc.);
- Evaluation of the program and/or auxilliary services; and
- Personnel issues which affect the quality of the program.

Parents may also be elected to panels that vote on many aspects of the facility's operation such as type of personnel to be hired and requests for funding.

Parents should not be forced to take responsibilities that they do not want or for which they are not yet prepared. However, facilities need to actively and consistently seek ways to education and involve parents.

Parents come to day care from different perspectives - ranging from the unmarried teenager who is alone (a child herself but faced with adult responsibilities because of her baby), to the older, experienced parent with strong resources. As a result, day care providers' expectations of parents and what parents need from day care for their child(ren) and themselves vary tremendously. The provider should respond to a wide range of parent need, especially at achievement levels 3, 4 and 5.

One way acquaint parents with the activities and materials used with their children is to set up interest centers and allow them to experience the activities.

Cooperation and benefits to children are enhanced when the goals of the daily activities for the children are explained to parents. Parents should be regularly invited to participate in extending these at home and be encouraged to participate in training for and evaluation of home training they learn to provide. The facility may have packets of materials for loan to parents. These packets should contain activity materials (toys, games, etc.) or directions for material parents can make and suggestions for parent-child interactions with the materials. Plans can be made with parents for particular assistance to their child.

Parents should be able to communicate about child's adjustment with people who actually know the child's progress. If tests are used, they are administered and interpreted by qualified people.

One of the easiest and most accurate ways to assess a child's progress is to record (in writing or with a tape recorder) actual child behaviors at specific time intervals (every month, every two months). If a child exhibits an undesirable behavior at the beginning of the year, note the number of times it occurs during an hour, day or week on each report. This helps in identifying progress. Checklists, the daily schedule, and parent's concerns will clue caregivers to behaviors that need to be observed.

Supporting Information

Parents are children's first and most constant teachers. However, day-care providers often need to help parents develop the skills and self-assurance to do the job well (Gordon, 1975; White, 1975).

A center's involvement and support of parents enhances the positive effects its program has on children (Honig, 1979). Through these efforts parental fears can be allayed and cooperative efforts can be undertaken on behalf of the child.

Bronfenbrenner (1974) concluded from his study of preschool intervention programs that without family involvement that the effects of any intervention program erode rapidly when the program ends. He states that "In contrast, the involvement of parents as partners in the enterprise provides an on-going system which can reinforce the effects of the program while it is in operation, and help to sustain them after the program ends. (p. 55)"

Research indicates that day-care programs which inform parents and give them the opportunity to express their views regarding various elements of their day care program's operation have the result of more lasting benefits for the families and children served. (Mann et al, 1976; Lazar et al, 1979; Honig, 1979). Facilities which do a good job of keeping the parents of enrolled children informed and of using their suggestions also build strong advocates for their program. Parents should not be forced to take responsibilities that they do not want or for which they are not yet prepared. However, facilities need to actively and consistently seek ways to educate and involve parents.

Winkelstein (1981) studied three types of staff-parent communication; (1) social, (2) informal and (3) decision-making. The centers which had the highest involvement in decision-making were the centers in which the parents expressed the highest level of satisfaction. The lowest involvement of decision-making was associated with the lowest level of satisfaction. Social and informal communication were also important to the level of parent satisfaction with staff and parent communication, parent and child relationships and child behavior.

According to Mann et al (1976), the following benefits were common outcomes from Head Start programs with strong parent involvement components:

- Parent attitudes toward their children are improved.
- Parenting abilities and approaches to parenthood improved.
- Parents were satisfied with the educational gains of their children.
- Parents changed their child rearing behaviors.
- Positive interactions between mothers and their children increased.
- Parents increased their participation in later school programs.
- The self-concepts of children were enhanced.

- Children whose parents were involved in high decision-making and learner roles had better self-concepts than the children of parents low in both roles.

Children's IQ gains are more substantial in the programs that concentrate on parents (Hesse, 1976). The use of home visits to provide parents with information and materials to stimulate preschool children were particularly effective. Structured activities with parents were more successful with parents than unstructured ones.

Helping parents learn and practice decision-making processes enables them to contribute more to the day care program. They can use this skill to help their children and are more likely to become more involved with their communities. The involvement with the community is likely to take the forms of continued participation with schools their children attend; accessing and using community resources; and influencing changes in the community as necessary (Mann et al, 1976).

Tabulation Guide

Monitors of this criterion should gather information through interviewing staff, reviewing records (enrollment hand-outs, minutes of parent meetings, etc.) and direct observation (including bulletins and parent conferences).

Activity	Score	Comments
1. Distribution of Information	_____	_____
2. Parents Decision-Making Involvement	_____	_____
3. Parent Visitation and Education	_____	_____
4. Parent Conferences	_____	_____
5. Assessment of Child	_____	_____
TOTAL	_____	_____

_____ (total score) divided by 5 = _____ (criterion score)

Criterion G.2: Community Resource Assistance for Parents

Parents receive assistance in accessing community resources (social services, health and treatment services, transportation and employment services). This assistance accommodates each family's needs and preferences.

ACHIEVEMENT LEVELS

Points	Descriptors
1	Responsibility for assisting parents may be shared by all staff. A list of resources, pamphlets, etc., are maintained in a central location for parents needing information about available community resources. Information is provided parents upon request. Day-care staff are aware of the differences in families. The facility maintains documentation of each child's medical assessments including immunizations and tuberculin test results, etc. These records are reviewed periodically to assure that all medical information remains current. Parents are informed on a timely basis of the approaching expiration of immunizations, tuberculin tests, etc. and the need to update these.
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	At least one staff position is assigned responsibility (designated) for working with parents on an ongoing basis. Based on observed needs, designated staff may initiate proceedings to assist parents or respond to requests made by the parent. Parents are informed as to the name, location, telephone number and hours the staff person is available. In addition, parents are referred by other facility staff to the designated staff. The designated staff works with other facility staff in determining how best to meet the needs of families and children. Facility staff receive training related to providing information and making referrals, developing community resources and linkage, providing follow-up services to families. Information on identifying the signs and symptoms of illness is offered parents through bulletin boards, handouts and/or newsletters. The facility encourages the use of EPSDT and Medicaid services by eligible families. Assistance is provided to parents in arranging and securing EPSDT services for eligible children.

The facility maintains a current list of free or low cost medical and dental services for their children. It also takes advantage of available screening for hearing, vision and other handicapping conditions. Parents are encouraged to include dental care as part of their children's health program.

The facility maintains accurate records regarding services provided, referrals to other agencies, action taken by parents and follow-up provided by facility staff.

The family needs, uniqueness and preferences (carefully identified) are respected and parents are assisted with following through on their own initiative.

4 Includes all the elements of (3) and some additional element(s) of (5).

5 The designated staff have training or experience related to understanding parent needs.

The interaction between staff and parents indicates that parents are helped in a sensitive manner.

Staff organize, present and maintain the information about community resources in a manner that encourages parents (who wish to do so) to refer to the information and proceed on their own. The facility also has procedures for assessing parents needs for social services and a well developed plan for assisting parents to receive needed social services.

Staff work with local agencies, doctors and dentists to acquire free or low cost medical and dental services for children ineligible for EPSDT services. Provides parents with a current list of free or low cost medical or dental providers. May also provide assistance to families in obtaining such services.

Staff follow-up with parents whose children are referred to EPSDT to determine if needed screening or treatment services were obtained.

Local medical and dental health groups are involved in parent education meetings and awareness programs for children.

Clarification

The aim of this criterion is to help parents locate and use the local services which will improve the functioning of the family and health of the children. Children must receive the needed health services to prevent unnecessary problems from occurring or from continuing without intervention.

Few day-care programs can afford to provide assessment and treatment services for the children, but all should help the families find and use available services. These include community health clinics and EPSDT services.

Supporting Information

Adequate housing, food, medical services, income and power are intertwined into a single system that effects parent's ability to function. For parents to demonstrate adequate parenting skills, the deleterious circumstances must be alleviated (Gordon, 1975).

A Tennessee study of 1,575 children in Title XX day care found that:

- 11 percent of the children had speech and language impairments.
- 9 percent of the children had learning impairments. Findings were similar in a four state Head Start screening (U.S.-H.E.W., 1978).

A study of the 1.2 million Head Start children found that 40 percent to 90 percent (depending on whether the water was flouridated) had dental caries. At the time of enrollment, 34 percent of the children had not been to a doctor in the previous two years and 25 percent had never been to a dentist. Half of the children did not have the needed immunizations such as DPT, polio and measles (U.S.-H.E.W., 1978).

It is estimated that 3 percent of school-age children in the United States have some sort of learning disability. Early detection and treatment can often lead to correction or improvement of these problems (Comptroller General, 1979).

Programs with health assessments and follow-up had a positive impact on children's health. Participation resulted in the children having less anemia, more appropriate immunizations, early identification of potentially disabling conditions and better general health (Gordon, 1973; Liston and Van de Ven, 1976; Mann et al, 1976; Comptroller General, 1979).

"The Recommendations for Preventative Health Care of Children and Youth", by the American Academy of Pediatrics, represents a guide for the care of well children who have not manifested any important health problems, and who are growing and developing satisfactorily. For children over 3 years old, health assessments are required every two years. For children under 3, they are required more frequently. The chart on the following page shows when health assessments should be updated and what should be included:

(Key: X to be performed)

AGE	2-4	2-3 Wks.	4-5 Wks.	6-7 Mos.	9-10 Mos.	12-15 Mos.	16-19 Mos.	23-25 Mos.	36-37 Mos.	5-6 Yrs.	8-9 Yrs.	11-12 Yrs.	13-15 Yrs.	16-21 Yrs.
HISTORY														
Initial	.	.	.	.	.	At first visit			.	.	.	.	.	.
Interval	.	.	.	.	.	At each visit			.	.	.	.	.	.
MEASUREMENTS														
Height & Weight	.	.	.	.	.	At each visit			.	.	.	.	.	.
Head Circumference	X	X		X		X		X						
Blood Pressure									X	X	X	X	X	X
SENSORY SCREENING														
Sight	X	X		X					X	X	X	X	X	
Hearing				X					X or X					
DEVELOPMENTAL APPRAISAL	.	.	.	.	.	At each visit			.	.	.	.	.	.
PHYSICAL EXAM	.	.	.	.	.	At each visit			.	.	.	.	.	.
PROCEDURES														
Immunization		X	X	X		X	X			X			X	
Tuberculin Test				X					X			X		
Hematocrit or Hgb				X					X or X			X		
Urinalysis								X					X	
Urine Culture (girls only)									X	X	X			
DISCUSSION & COUNSELLING		.	.	.	.	At each visit			.	.	.	.	.	.
DENTAL SCREENING	.	.	.	.	.	At each visit			.	.	.	.	.	. .
Initial Dentist's Exam									X					

Intervals for subsequent dental examinations following the initial should be prescribed by the dentist performing the assessment.

Tabulation Guide

The monitor will check children's records and records of parent conferences, observe bulletin boards, review handouts and interview facility staff. In some instances parent interviews may be desirable.

Activity	Comments	Score
Information on community resources		
Designated staff		
Accomodations of families uniqueness		
Health assistance		
	Total	

_____ (total score) divided by 4 = _____ (criterion score)

Criterion G.3: Cooperation with Community Resources

The facility cooperates and coordinates with community resources and schools to increase program effectiveness.

ACHIEVEMENT LEVELS

Points	Descriptors
1	The facility is aware of a variety of community agencies and secures services from some of them. Volunteers are secured to meet a specific need of a specific caregroup (usually parent volunteers).
2	Includes all elements of (1) and some additional element(s) of (3) and (5).
3	The facility aggressively seeks to develop linkage with other service providers to maintain a broad base of available community services. The facility maintains a current listing of available community services along with eligibility information, methods of accessing the service and the name of a contact person(s) within each agency. The facility has a plan for coordinating with other agencies to increase the range of services available to children in day care. Active recruitment of volunteers may be part of this plan. Volunteers receive orientation. They are used primarily to supplement staff/child ratios and to assist with special projects and enrichment activities.
4	Includes all elements of (3) and some additional element(s) of (5).
5	The provider actively uses community resources to make additional services available to children and their families, such as health assessments, educational programs, employment services, etc. The provider seeks to avoid duplication of services by coordinating with other service providers and delivers only those services which are unavailable or for which the majority of children in care are ineligible. A facility staff person is assigned responsibility for continued development of volunteer services. The facility staff makes an active effort to recruit enough volunteers so that no one volunteer is exploited, volunteers are supported, and their contributions recognized. The provider actively seeks and utilizes donated space, funds, transportation, equipment and similar items to better serve day-care children and their families. The effect of this activity substantially improves the services to children and their families, (increases the funds available for the child care and related services).

Clarification

The aim of cooperation between day-care facilities and other community resources is to make more and better services available to the children and their families. DHR child development staff can help day-care providers identify resources that will be helpful.

Supporting Information

Linking families with community resources can help to alleviate some of the circumstances that interfere with their ability to function. Involvement of parents with other community groups is also a means of creating an awareness of how communities can manage their resources for the most positive impact.

Head Start programs involve the community in providing volunteers, donations and additional services to meet the needs of families. Research indicates that this involvement impacts the community by (Mann et al, 1976):

- Influencing changes in community institutions to better serve Head Start families. (Changes were identified in all communities studied.)
- More community involvement by parents both during and after the Head Start participation.

Tabulation Guide

This criterion may be assessed through interviews of staff and review of handout for parents, bulletin boards, etc.

	Comments	Score
Volunteer usage	_____	_____
Interaction community agencies	_____	_____
Benefits of services received	_____	_____

_____ (total score) divided by 3 = _____ (criterion score)

GLOSSARY

Abbreviations

A.A. - Associate of Arts degree
CD - child development
CDA - Child Development Associate
EC - early childhood
K-3 - kindergarten through third grade

Activity space - A space with materials and/or equipment where a child can work or play. For example, a table with space to work three puzzles, three seats and a supply of three puzzles or more would be three play spaces. A block area could be counted as three to seven spaces depending upon the number of blocks, variety and number of accessories, and amount of open space.

Caregiver - A person who provides direct care, supervision and guidance to children in a day care facility. Includes persons with such functional titles as teacher, aide, and day mother.

Caregroup - All the children for whom a caregiver is responsible during the core day. Includes all children assigned to a caregiver/teacher and the aides assigned to work with her/him.

Child care experience - Paid experience in directly caring for young children in a group setting.

Child Development Associate - A person with a child development associate degree, an A.A. degree in child development/early childhood or a Child Development Associate (CDA) credential.

Core day - The hours of care except for arrival and departure times (approximately one hour at beginning and end of day) and nap time.

Day care - The care, supervision and guidance of a child, on a regular basis, for periods of less than 24 hours per day, in a place other than the child's own home.

Degree - At least a bachelor's degree from an accredited college.

Free play - A period during which children are free to choose among appropriate activities which caregivers have planned and made available for them. It is generally managed in a manner that lets children move from one activity to another without caregiver direction. A caregiver's role is to help children find things to do; support the activities with materials, questions and suggestions, and help children avert or handle conflicts.

Full-time staff - Persons who work at least seven hours per day and take off less than four weeks during the program's operation each year.

Group size - The total number of children assigned to a caregroup as defined above.

Incidental learning - Children's learning that occurs without adult direction or interaction as a result of the children's exposure to various materials and situations. In arranging free play and similar environments, caregivers are attempting to positively influence incidental learning. Incidental learning is considered valuable because it frequently involves complex reasoning and capitalizes on children's individual interests. It can form either the first level or be the extension of planned learning activities. Skillful caregivers build on it to guide children in developing the additional concepts they need. Without proper guidance and good management, it also forms the basis for many undesirable learned behaviors.

In-service training - Training conducted for staff after they have assumed their responsibilities. Staff who have been employed for several months or even years need and can be provided in-service training.

Orientation - Training provided prior to assuming child care responsibilities or during the first weeks of work as a caregiver. This can be a part of pre-service training for new facilities.

Pre-service training - Training provided to new employees prior to their or the facility's first day of child care. Usually occurs in new facilities and is more extensive than orientation.

Small-groups activity - Activities for groups is composed of two or three children working or playing together with or without the active involvement of a caregiver. For story-times, songs and similar caregiver directed activities, a group of six or less children would be considered small. It is common to find that a caregroup of four-year-olds has separated into five or six small-group activities during free play.

Transition - Child care schedules include times for indoor and outdoor free play, eating, resting, music, stories and other activities. Transitions are the times between these activities.

Transition activity - An activity which takes place during a transition. Desirable transition activities are those which enrich the transition process by offering interesting, beneficial things to do, thus preventing idleness, inappropriate behavior, and/or a "hurry-up-and-wait" process.

Young children - Children who are eight years old or younger.

APPENDIX I

ENVIRONMENTS FOR INFANTS, TODDLERS AND SCHOOL-AGE CHILDREN

Criterion E.1: Indoor Environment, Infants and Toddlers

Indoor equipment and materials are available and arranged to offer children an environment which they can act upon to meet their developmental needs (Also see Criterion E.1 on page 41).

ACHIEVEMENT LEVELS---0 to 24 MONTHS

Points	Descriptors
1	A minimum of 30 square feet of playroom space is allowed for each child in the group. The room contains at least one piece of low sturdy furniture that non-walking infants can use to pull up or to balance themselves while walking. The space set aside for walking and crawling is free of furniture with sharp edges and corners. Equipment and materials are complete, clean and in good repair. Pictures and mobiles are not be attached with tacks, pins other small objects than can come loose and be swallowed by infants. Toys that are chewed by a child or soiled are washed or sanitized* before being offered to another child. There is careful adherence to the Minimum Standards for diapering, hand washing and food preparation and service. Clean washable pads, quilts or blankets are placed under infants who have not begun to crawl during the time they are out of their cribs and on the floor. There are no toys small enough for an infant to swallow. At least one item form each of the following categories must be provided for the use of each infant 0 through 11 months: a. Soft, washable toy animals and dolls. b. Colorful mobiles, picture, large picture books, and mirrors. c. Cradle gyms, plastic, cardboard or washable cloth blocks, stacking, drop-in and push or pull toys.

d. Rattles, other musical toys, tapes or records and tape recorders or record players to use them.

At least the following materials and equipment are supplied for infants 12 to 24 months:

a. Two blocks per child for building experiences. These should be of cardboard, hollow plastic, fabric covered foam or other safe construction.

b. One transportation toy per child such as boats, trucks, planes and trains.

c. One accessory toy per child, such as figures of animals and people, including those made of cloth or yarn.

d. One manipulative toy per child such as one, two, three or four piece wooden puzzles, drop-in toys, stacking toys and textured toys.

e. One book of cloth or other sturdy construction with bright picture for each child.

f. Tapes or records of music or simple stories and tape recorders or record players to use them.

2 Includes all elements of (1) and some additional elements of (3) and (5).

3 A large portion of the room is carpeted or covered by a large rug. There is at least 100 square feet of open space free of any type of furniture.

There is an adult-size rocking chair in the room for rocking infants and for holding them while they are being feed.

A variety of toys are made accessible to the infants in an orderly mannner.

A colorful mobile or picture is placed near each crib so each infant (0 to 12 months) can look at one. These should be beyond the child's reach but no further than 4 feet away.

Toys and items that the infants have mouthed are washed daily. All equipment is sanitized* at least twice a week. Carpets and rugs are shampooed weekly.

The supply of toys is sufficient that the supply described at level (1) remains available to the infants while some toys are being washed or sanitized*.

Toys of all the types described in level (1) categories (a) through (d) for 0 through 11 months old infants and categories (a) through (f) for 12 to 24 month old infants are supplied. There is variety of texture, function or design among the items of each type. In addition, there are:

a. One push or pull toy for each infant who is walking.

b. One simple riding or scooting toy for every two to three 12 to 24 month old infants in the group.

c. A variety of dress-up clothes (hats, purses, shirts, etc.) are available for 12 to 24 month old infants.

4 Includes all the elements of (3) and some additional elements of (5).

5 There are soft things such as floor pillows, round and wedge shaped bolsters, and upholstered and padded rails and furniture. These are arranged to add to the infant safety, comfort and pleasure as they practice crawling or walking. These items are washed, shampooed or otherwise sanitized* as they become soiled.

Swings, bouncers, scooter boards and other items that infants can use to produce motion are available.

The color of the room is primarily light and soothing with bright bold colors used only as accents. Accoustical materials are used to decrease noise. Lights can be regulated to be bright or dim as appropriate to the activities in progress. The floors, walls, furnishings and toys offer a variety of textures.

* To prevent the spread of disease it is necessary to use a broad-spectrum disinfectant that can destroy viruses and bacteria. Health authorities recommend a solution of 1/2 cup of bleach (hypochlorite) and one gallon of water as an inexpensive and effective disinfectant. This solution should made up fresh each day and placed in spray bottles for use as needed. These bottles should be kept out of the reach of children.

Criterion E.1: Indoor Environment, School-age Children

Indoor equipment and materials are available and arrange to offer children an environment which they can act upon to meet their developmental needs (Also see Criterion E.1 on page 41.

ACHIEVEMENT LEVELS---CHILDREN 6 YEARS AND OLDER.

Points Descriptors

1 A minimum or 30 square feet of playroom space is allowed for each child in the care group.

Equipment and materials are complete, in good repair and clean. The supply is adequate to support the following types of activities:

a. Dramatic play. Items such as blocks, puppets, and materials to improvise skits, stores, post offics, etc.

b. Music. Items such as simple instruments, tape players or record players with tapes or records, piano with song books and some one to play, etc.

c. Stories/language. Items such as books, recorded stories, flip charts, flannel boards, etc.

d. Large muscle activities. Items such as mats for tumbling, open area for dance with scarves, music and other accessories, balls, etc.

e. Manipulative. Items such as puzzles, Lego and other construction toys, supplies to build models, games with simple rules, etc.

f. Science and nature. Items such as magnifying glasses, supplies for growing plants, magnets, cages for insects or animals, pulleys, food preparation supplies and equipment, etc.

g. Art. Items such as crayons, paper(bond, construction, notebook, newsprint, craft, tissue, crepe, etc.), tempera paint, glue, scraps of cloth,etc.

During the school year, a quiet place with tables and chairs is provided for children's use in doing their home work.

2 Includes all elements of (1) and some additional element(s) of (3) and (5).

3 Equipment and materials of the types given in level (1) are arranged into activity areas with at least one defined activity provided in each area per day.

The amount of supplies and equipment is sufficient for at least 20% of the group to take part in each type of activity (a through g) at one time.

There is variety in the function and design among the materials for each type of activity (a through g).

4 Includes all elements of (3) and some additional element(s) of (5).

5 Provisions are provided to store and protect projects that take several days to complete.

The amount of supplies and equipment is sufficient for at least 25% of the group to take part in each type of activity (a through g) at one time.

Criterion E.2: Outdoor Environment, Infants and Toddlers

The playground (outdoor environent) offers a variety of surfaces, equipment and materials which stimulate and support the forms of play in which children normally engage (Also see Criterion E.2 on page 47).

ACHIEVEMENT LEVELS---INFANTS 0 TO 24 MONTHS

Points Description

1 Space is provided where infants can safely enjoy fresh air and see living things without interference from older children.

There is at least one item that enchances the enjoyment of the outdoors and the caregiver's management of non-walking infants, such as strollers, blankets, portable barricades, etc.

Infants who are walking have space and materials to support the following types of activities:

a. Large muscle development. Climbing and crawling items such as low stable climbing apparatus, barrels, boxes, clean tires, etc. Riding and pulling toys such as wheeled animal, simple tricyles, wagons, doll carriages, sleds, etc. A large open area, 20 feet by 20 feet or more, where children can run or play ball safely without interference from stationary equipment.

b. Digging and manipulation. Sand or other digging

area with items such as scoops, strainers, pails, can, containers of different sizes, etc.

c. Dramatic play. Items such as trucks, boats, cars, dolls, dress-up clothes, toy animals, lengths of hose, etc.

d. Water play. Items such as containers, funnels, hoses, strainers, watering cans, sprinklers, wading pools, etc, for use in warm weather.

e. Rest and comforting. A quiet place that will accommodate at least two children and a caregiver at one time such as a hammock, box, bench, or blanket and transportable materials to be use there (books, stuffed toys, dolls, art supplies, etc.).

NOTE

Only the basic level of an out door environment is being given at this time. Levels 2 and above will include similar types of items for infants who are walking as those given for older children (page 47) but scaled to size and ability of the younger child.

APPENDIX II

FAMILY DAY CARE HOMES

This appendix gives evaluation criteria for day homes which are comparable to the criteria for centers and group homes. The base has been adjusted to accommodate the nature of family day homes. Criteria are listed for use with certified agency day homes, licensed family day homes and registered family homes. Notations are given for child placing agencies or other systems with day homes.

MINIMUM STANDARD COMPLIANCE

Same as other facilities. See page 3.

A. STAFF QUALIFICATIONS AND DEVELOPMENT

Criterion A.1: Caregiver Education and Experience.

Each facility has caregivers with appropriate education and experience to provide for children's physical, socio-emotional and intellectual needs.

ACHIEVEMENT LEVELS

Levels below apply to all homes.

Points	Descriptions
1	Caregiver is able to read and write. Caregiver has at least six months of experience working with children other than her own children in a day care or day home setting, or twenty-four (24) hours of training acquired during the first six months of operation. Caregiver has three written references on file verifying character, ability and experience.
2	Same as level 1 for other caregivers. See page 4.
3	Same as level 2 for other caregivers. See page 4.
4	Same as level 3 for other caregivers. See page 4.
5	Meets or exceeds level 4 for other caregivers, page 4.

Criterion A.2: Supervison Education and Experience

Supervisors with appropriate education and experience are provided for all caregiving staff to guide them in delivering care that is appropriate for enrolled children.

ACHIEVEMENT LEVELS

The descriptors for achievement levels for supervisors with child placing agencies are the same levels described for other supervisors on page 6.

This criteria does not apply to independent homes.

Criterion A.3: Caregiver Orientation

In order to provide satisfactory care for children, all new direct caregiving staff receive a program specific orientation.

ACHIEVEMENT LEVELS

Child placing agencies will develop and implement an orientation plan. The descriptors are the same as those given for other facilities on page 7.

The descriptors below apply to independent homes.

Points	Discriptors
1	Studies and understands the licensing requirements for operating a day home and developments appropriate schedules, menus and other plans.
2	Participates in four hours of training prior to the end of the first week of operation which addresses the topics in level 1 on page 7.
3	Participates in five hours of training on the topics in level 1 on page 7 along with child growth and development prior to the end of the second week of operation.
4	Participates in six hours of training on the topics described in level 3 above along with linkages to community resources prior to the end of the second week of operation.
5	Participates in eight hours of training on the topics described above prior to the end of the second week of operation.

Criterion A.4: In-service Training Opportunities

The facility encourages all staff to improve their knowledge of care operations and better ways to meet the needs of children.

ACHIEVEMENT LEVELS

Child placing agencies will develop and implement a training plan. The descriptors for the plan are the same as those on page 9 for other facilities.

The descriptors for independent homes are given below.

Points	Descriptors
1	Caregivers participate in training which at least meets the licensing standard for training. If deficiencies are identified by self-evaluation or a DHR evaluation, the caregiver also participates in training related to these.
2	Same as level 1 on page 9.
3	Same as level 2 on page 9.
4	Same as level 3 on page 9.
5	Meets or exceeds level 4 on page 9.

Criterion A.5: Volunteer and Substitue Caregiver Orientation and Training

Volunteers and substitues who work with children receive orientation before they are assigned child care tasks to enable them to provide appropriate experiences for children.

ACHIEVEMENT LEVELS

If volunteers and substitutes are used, the descriptors are the same as for other facilities on page 12.

B. CARE GROUPS

Criterion B.1: Group Size

The group size is small enough that every child has an adequate opportunity for individualized activities for growth and development.

Descriptors for all homes are given below.

ACHIEVEMENT LEVELS

The descriptors below apply to all day homes.

Points*	Descriptors
1	Does not exceed applicable Minimum Standards
2	One child less than required by Minimum Standards
3	Two children less than required by Minimum Standards

*Only three levels.

Criterion B.2: Staff:Child Ratios

The ratio of staff to children is sufficient for an adult to provide nurturance to each child in the group.

ACHIEVEMENT LEVELS

The descriptors below apply to all day homes.

Points	Descriptors
1	Volunteers or substitutes are used to relieve the caregiver when the caregiver needs to be away for personal reasons. Prior arrangements are made to have these people available when needed.
2	Continuously enrolls few children than allowed by applicable Minimum Standards.
3	On a daily basis, another adult is available to provide some respite time for the primary caregiver. This may be another family member.
4	On a daily basis, another adult is available to help at very busy times such as during meal preparation and service, arrival and departure.
5	Another adult is available on a full-time basis to assist the primary caregiver.

Criterion B.3: Resource Caregiver

Caregivers are supported in providing for the individual needs of children in their care groups through the provision of resource

caregivers.

ACHIEVEMENT LEVELS

This criterion generally will not apply to day homes and duplicates B.2 above for day homes.

C. STAFF CHILD INTERACTION

Criterion C.1: Children's Self-Discipline

Caregivers promote children's independence, decision-making, and self-expression and foster respect for self, property and the rights of others.

ACHIEVEMENT LEVELS

The descriptors for all day homes are the same as those on page 20.

Criterion C.2: Communication

Caregivers guide children's learning and behavior by communicating in a language and manner which the children understand.

ACHIEVEMENT LEVELS

The descriptors for all day homes are the same as those on page 23.

Criterion C.3: Support for Children, Their Feelings and Self-Esteem.

Caregivers are patient, warm, affectionate, respectful and supportive to children and contribute to each child's self-esteem.

ACHIEVEMENT LEVELS

The descriptors for all day homes are the same as those on page 26.

Criterion C.4: Transitions

Caregivers smoothly guide children form activity to activity to maximize children's involvement in worthwhile pursuits.

ACHIEVEMENT LEVELS

The descriptors for all day homes are the same as those on page 30.

Criterion C.5: Health and Safety

Children are not exposed to health and safety hazards or allowed to create them.

ACHIEVEMENT LEVELS

The descriptors for all day homes are the same as those on page 32.

D. FOOD SERVICE

Criterion D.1: Food Service

Meals and snacktimes are pleasant experiences that contribute to children's acceptance of a variety of food, conversational skills, proficiency in feeding themselves, and general dining etiquette.

ACHIEVEMENT LEVELS

The descriptors below apply to all homes.

Points	Descriptors
1	Children over 2-years-old are served as a group. Initial servings are small with seconds available. Food and drink are offered at the same time. Caregiver sits at the table with the children and conversations are allowed. Children are given the opportunity to feed themselves according to their developmental level. They are not hurried to finish eating. Children are not allowed to share food, eating or drinking utensils. Food preparation and service areas are not used for diapering children. Menus are planned and shared with parents. The nutritional value (type and amounts) of the food served complies with the guidelines given in Appendix IV of the Minimum Standards for family day homes. Finger foods are included for preschool children. Meals and snacks are served at reasonable times.
2	Same as level 2 on page 36.

3 Same as level 3 on page 36.

4 Same as level 4 on page 36.

5 Same as level 5 on page 36.

E. ENVIRONMENT

Criterion E.1: Indoor Environment

Indoor equipment and materials are available and arranged to offer children an environment which they can act upon to meet their developmental needs. (See Appendix III for descriptions of age appropriate materials and Appendix I for information on interest areas for children under 2-years-old or over 6-years-old).

ACHIEVEMENT LEVELS

The descriptors below apply to all day homes.

1 The day home is safe and organized so that children have freedom to engage in a variety of activities. Each child has equipment and materials that are of interest to him, and appropriate to his abilities and special needs.

The space used by children is well lit, well ventilated, and child proofed so that children can play without damaging the caregiver's treasured belongings.

Materials one or more items per child of the following types: blocks, transportation toys (trucks, boats,etc.), dolls, toy animals, manipulative toys (wooden puzzles, drop-in, stacking, or snap together toys), books, homemaking items, musical toys and art supplies. Some of the above items may be homemade or household items. All equipment and materials are complete, clean and in good repair.

2 Includes all elements of (1) and some additional elements of (3) and (5).

3 The following interest areas are offered to children at some time during each day: Blocks, dramatic play, music, manipulative, language and stories, art, nature or science, and large muscle activity.

A minimum of 30 square feet of playroom space is allowed for each child in care. When infants 0 through 11 months are crawling or trying to walk, furniture and things with sharp corners are pushed aside to give them 100 square feet of unemcumbered space.

4 Includes all elements of (3) and some additional elements of (5).

5 The interest areas specified in level 3 above are accessible to children for one or more hours per day. Each area has enough space and materials to accommodate two children at one time. Some items in each interest area are changed each week.

Criterion E.2: Outdoor Environment

The playground offers a variety of surfaces, equipment and materials which stimulate and support the forms of play in which children naturally engage (See Appendix I for children under 2-years-old.).

ACHIEVEMENT LEVELS

The descriptors below apply to all day homes.

Points Descriptors

1 Two or more types of equipment which promote large muscle development are available. This equipment offers an average of two play spaces per child. Boxes, barrels, tires and a low stable climbing apparatus are acceptable types of large muscle equipment.

The playground has an open space for running, playing ball, etc.

2 Includes all the elements of (1) and some additional elements of (3) and (5).

3 Same as level 1 on page 47.

4 Includes all the elements of (3) and some additional elements of (5).

5 Same as level 3 on page 47.

Criterion E.3: Rotation of Equipment and Materials

Indoor and portable outdoor equipment and materials will be rearranged and rotated (some stored and replaced with different items) as the children show lessening interest in using them.

ACHIEVEMENT LEVELS

The descriptors on page 51 apply to all day homes.

F. ACTIVITIES FOR CHILDREN

Criterion F.1: Daily Activities

Indoor and outdoor activities are planned and implemented daily which offer children opportunities for growth, development and pleasure. These activities with equipment and materials are accessible to each child, of interest to the child, and appropriate to the child's abilities and needs.

ACHIEVEMENT LEVELS

The descriptors for all day home are the same as those on page 54.

Criterion F.2: Provisions for Children's Intellectual Development

Children's intellectual development is fostered through activities and resources which encourage thinking, reasoning, questioning, experimenting, creating, and communicating.

ACHIEVEMENT LEVELS

The descriptors for all day homes are the same as those on page 59.

Criterion F.3: Provisions for Children's Social and Emotional Development

Children's social and emotional development are fostered through activities and resources which encourage social skills and positive self concepts.

ACHIEVEMENT LEVELS

The descriptors for all day homes are the same as those on page 66.

Criterion F.4: Provisions for Childen's Physical Development

Activities and resources promote children's physical health and development.

ACHIEVEMENT LEVELS

The descriptors for all day homes are the same as those on page 70.

INTERACTION AMONG THE STAFF, THE PARENTS AND THE COMMUNITY

Criterion G.1: Parents Involvement in the Program.

Parents are encouraged to participate in the program and be involved in decisions about the facility's operation in order to enhance and extend its benefits.

ACHIEVEMENT LEVELS

The descriptors for child placing agencies are the same as those on page 73. See Special Criterion G for independent homes following G.3.

Criterion G.2: Community Resource Assistance for Parents

Parents receive assistance in accessing community resources (social services, health and treatment services, transportation and employment services). This assistance accommodates each family's needs and preferences.

ACHIEVEMENT LEVELS

The descriptors for child placing agencies are the same as those on page 79. See Special Criterion G for independent homes following G.3.

Criterion G.3.: Cooperation with Community Resources

The facility cooperates and coordinates with community resources and schools to increase program effectiveness.

ACHIEVEMENT LEVEL

The descriptors for child placing agencies are the same as those on page 84. See Special Criterion G for independent homes following G.3.

Special Criterion G: Day Home, Parent and Community Interaction

Parents are encouraged to participate in the program, be involved in decisions about their children's care, and access community resources. These interactions are used to enhance and extend the benefits of the child care and increase the effectiveness of the program.

ACHIEVEMENT LEVELS

1 Parents are informed about the child care program. The home's written policies describe the following

applicable elements : Hours and days of operation, child health policies, fees, complaint procedures, meal service, discipline, clothing restrictions, absences and parent conferences. This may be a printed handout or a form on which pertinent items are filled in.

Current menus and activity notices are posted in a place accessible to the parents.

Parents are invited to participate through an open invitation to visit and by shared information on the child's adjustment.

Parents are encouraged to share information about their children's special dietary needs such as food allergies or diabetes. This information is used in feeding children.

2 Includes all elements of (1) and some elements of (3) and (5).

3 A list of resources, pamphlets, etc. are maintained in a location accessible to parents needing information about available community resources.

The day home operator is aware of differences in families and accommodates each family's needs and preferences.

Parents are informed on a timely basis of the approaching expiration of immunizations, etc. and the need to update these.

4 Includes all elements of (3) and some additional elements of (5).

5 The day home aggressively seeks to develop linkages with other service providers. A current listing of available community services along with eligibility information and methods of accessing the service are maintained and shared with parents. Parents are advised of community activities which may effect them or their children.such as kindergarten enrollment dates

What are some good toys and play materials for young children?

All ages are approximate. Most suggestions for younger children are also appropriate for older children.

	Sensory materials	Active play equipment	Construction materials	Manipulative toys	Dolls and dramatic play	Books and recordings	Art materials
2-year-olds and young 3's	Water and sand toys: cups, shovels Modeling dough Sound-matching games Bells, wood block, triangle, drum Texture matching games, feel box	Low climber Canvas swing Low slide Wagon, cart, or wheelbarrow Large rubber balls Low 3-wheeled, steerable vehicle with pedals	Unit blocks and accessories: animals, people, simple wood cars and trucks Interlocking construction set with large pieces Wood train and track set Hammer (13 oz. steel shanked), soft wood, roofing nails, nailing block	Wooden puzzles with 4–20 large pieces Pegboards Big beads or spools to string Sewing cards Stacking toys Picture lotto, picture dominoes	Washable dolls with a few clothes Doll bed Child-sized table and chairs Dishes, pots and pans Dress-up clothes: hats, shoes, shirts Hand puppets Shopping cart	Clear picture books, stories, and poems about things children know Records or tapes of classical music, folk music, or children's songs	Wide-tip watercolor markers Large sheets of paper, easel Finger or tempura paint, ½" brushes Blunt-nose scissors White glue
Older 3's and 4-year-olds	Water toys: measuring cups, egg beaters Sand toys: muffin tins, vehicles Xylophone, maracas, tambourine Potter's clay	Larger 3-wheeled riding vehicle Roller skates Climbing structure Rope or tire swing Plastic bats and balls Various sized rubber balls Balance board Planks, boxes, old tires Bowling pins, ring toss, bean bags and target	More unit blocks, shapes, and accessories Table blocks Realistic model vehicles Construction set with smaller pieces Woodworking bench, saw, sandpaper, nails	Puzzles, pegboard, small beads to string Parquetry blocks Small objects to sort Marbles Magnifying glass Simple card or board games Flannel board with pictures, letters Sturdy letters and numbers	Dolls and accessories Doll carriage Child-sized stove or sink More dress-up clothes Play food, cardboard cartons Airport, doll house, or other settings with accessories Finger or stick puppets	Simple science books More detailed picture and story books Sturdy record or tape player Recordings of wider variety of music Book and recording sets	Easel, narrower brushes Thick crayons, chalk Paste, tape with dispenser Collage materials
5- and 6-year-olds	Water toys: food coloring, pumps, funnels Sand toys: containers, utensils Harmonica, kazoo, guitar, recorder Tools for working with clay	Bicycle Outdoor games: bocce, tetherball, shuffleboard, jumprope, Frisbee	More unit blocks, shapes, and accessories Props for roads, towns Hollow blocks Brace and bits, screwdrivers, screws, metric measure, accessories	More complex puzzles Dominoes More difficult board and card games Yarn, big needles, mesh fabric, weaving materials Magnets, balances Attribute blocks	Cash register, play money, accessories, or props for other dramatic play settings: gas station, construction, office Typewriter	Books on cultures Stories with chapters Favorite stories children can read Children's recipe books	Watercolors, smaller paper, stapler, hole puncher Chalkboard Oil crayons, paint crayons, charcoal Simple camera, film

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